

UNIDOCs
FACILITY INFORMATION
BUSINESS ACTIVITIES PAGE

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I. FACILITY IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		EPA ID # (Hazardous Waste Only)	CAD982490138
BUSINESS NAME <i>(Same as Facility Name or DBA - Doing Business As)</i> Skyline College			
BUSINESS SITE ADDRESS 3300 College Drive			
BUSINESS SITE CITY San Bruno	104	CA	ZIP CODE 94066

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page.**

Does your facility...		If Yes, please complete these pages of the UPCF...
A. HAZARDOUS MATERIALS Have on site (for any purpose) at any one time, 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 pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	<input type="checkbox"/> YES <input type="checkbox"/> NO 4a	Coordinate with your local agency responsible for CalARP
C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5	UST OPERATING PERMIT APPLICATION – FACILITY INFORMATION UST OPERATING PERMIT APPLICATION – TANK INFORMATION
D. ABOVE GROUND PETROLEUM STORAGE Own or operate ASTs above these thresholds: Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	No form required to CUPAs
E. HAZARDOUS WASTE Generate hazardous waste? Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? Treat hazardous waste onsite? Perform treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? Consolidate hazardous waste generated at a remote site? Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste? Serve as a Household Hazardous Waste (HHW) Collection site?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14a <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14b	EPA ID NUMBER – provide at top of this page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – UNIT PAGE (one page per unit) CERTIFICATION OF FINANCIAL ASSURANCE REMOTE WASTE CONSOLIDATION SITE ANNUAL NOTIFICATION HAZARDOUS WASTE TANK CLOSURE CERTIFICATION Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator See CUPA for required forms

F. LOCAL REQUIREMENTS (You may also be required to provide additional information by your CUPA or local agency)

**UNIDOCs
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE**

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I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		BEGINNING DATE ¹⁰⁰		ENDING DATE ¹⁰¹	
		8/15/2008		8/15/2009	
BUSINESS NAME <i>(Same as Facility Name or DBA – Doing Business As)</i> ³			BUSINESS PHONE ¹⁰²		
Skyline College			(650) 738-4100		
BUSINESS SITE ADDRESS ¹⁰³			BUSINESS FAX ^{102a}		
3300 College Drive			(650) 738-4191		
BUSINESS SITE CITY ¹⁰⁴		STATE ¹⁰⁶	ZIP CODE ¹⁰⁵	COUNTY ¹⁰⁸	
San Bruno		CA	94066	San Mateo	
DUN & BRADSTREET ¹⁰⁶		PRIMARY SIC ¹⁰⁷	PRIMARY NAICS ^{107a}		
		8222			
BUSINESS MAILING ADDRESS ^{108a}					
3300 College Drive					
BUSINESS MAILING CITY ^{108b}			STATE ^{108c}	ZIP CODE ^{108d}	
San Bruno			CA	94066	
BUSINESS OPERATOR NAME ¹⁰⁹			BUSINESS OPERATOR PHONE ¹¹⁰		
San Mateo Community College			(650) 574-6500		

II. BUSINESS OWNER

OWNER NAME ¹¹¹			OWNER PHONE ¹¹²		
San Mateo Community College			(650) 574-6500		
OWNER MAILING ADDRESS ¹¹³					
3401 CSM Drive					
OWNER MAILING CITY ¹¹⁴		STATE ¹¹⁵	ZIP CODE ¹¹⁶		
San Mateo		CA	94402		

III. ENVIRONMENTAL CONTACT

CONTACT NAME ¹¹⁷			CONTACT PHONE ¹¹⁸		
Mike Celeste			(650) 743-8058		
CONTACT MAILING ADDRESS ¹¹⁹			CONTACT EMAIL ^{119a}		
3300 College Drive			celestem@smccd.edu		
CONTACT MAILING CITY ¹²⁰		STATE ¹²¹	ZIP CODE ¹²²		
San Bruno		CA	94066		

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME ¹²³		NAME ¹²⁸	
Mike Celeste		Manuel Granillo	
TITLE ¹²⁴		TITLE ¹²⁹	
Chief of Security		Supervisor of Custodial Operations	
BUSINESS PHONE ¹²⁵		BUSINESS PHONE ¹³⁰	
(650) 738-4455		(650) 738-4456	
24-HOUR PHONE ¹²⁶		24-HOUR PHONE ¹³¹	
(650) 743-8058		(650) 642-5027	
PAGER # ¹²⁷		PAGER # ¹³²	
()		()	

ADDITIONAL LOCALLY COLLECTED INFORMATION: ¹³³

Billing Address: 3401 CSM Drive
 Property Owner: San Mateo Community College Phone No.: (650) 574-6500

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 ¹³⁴	NAME OF DOCUMENT PREPARER ¹³⁵
			EORM
NAME OF SIGNER (print) ¹³⁶		TITLE OF SIGNER ¹³⁷	

Non-Waste Hazardous Materials Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Date: 8/15/08

Business Name: Skyline College (Same as Facility Name or DBA)		Type of Report on This Page: Page 4 of 15 (One page per building or area)				
Chemical Location: Building 9-Automotive (Building/Storage Area)		Add: <input type="checkbox"/> Delete: <input checked="" type="checkbox"/> Revise: <input type="checkbox"/>				
EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Facility ID # (Agency Use Only)				
4. Hazardous Components (For mixtures only)		6. Quantities				
Chemical Name		Average Daily				
Wt. EHS CAS No.		Max. Daily				
Type and Physical State		Largest Cont.				
5. Type and Physical State		Units				
7. Units		Storage Codes				
8. Storage Codes		Hazard Categories				
9. Hazard Categories						
FG UR 2	Building 9 Acetylene CAS No.: 74-86-2 <input type="checkbox"/> EHS	300 Gases: (if radioactive) Days On Site: 365	100 Storage Container: L	gallons pounds cu. feet tons <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ambient > amb. < amb. cryogenic <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	fire reactive pressure release acute health chronic health radioactive <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NFG	Building 9 Nitrogen CAS No.: 1778-88-0 <input type="checkbox"/> EHS	700 Gases: (if radioactive) Days On Site: 365	100 Storage Container: L	gallons pounds cu. feet tons <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ambient > amb. < amb. cryogenic <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	fire reactive pressure release acute health chronic health radioactive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CG OX	Building 9 Oxygen CAS No.: 7782-44-7 <input type="checkbox"/> EHS	600 Gases: (if radioactive) Days On Site: 365	200 Storage Container: L	gallons pounds cu. feet tons <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ambient > amb. < amb. cryogenic <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	fire reactive pressure release acute health chronic health radioactive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COR OHH	Building 9 ZEP Flash CAS No.: Sodium Metasilicate 6834-92-0 Trisodium Orthophosphate 7601-54-9 Sodium Carbonate 497-19-8 Sodium Chloride 7647-14-5	90 Gases: (if radioactive) Days On Site: 365	55 Storage Container: E	gallons pounds cu. feet tons <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ambient > amb. < amb. cryogenic <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	fire reactive pressure release acute health chronic health radioactive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
IRR CLIB	Building 9 Zep ID Red CAS No.: Hexane 110-54-3 Isopropyl Alcohol 67-63-0	70 Gases: (if radioactive) Days On Site: 365	50 Storage Container: E	gallons pounds cu. feet tons <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ambient > amb. < amb. cryogenic <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	fire reactive pressure release acute health chronic health radioactive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

IF EPCRA, sign below:

Conf. Storage Type
 A Aboveground Tank D Steel Drum G Cabby J Bng M Glass Bottle or Jug P Tank Wagon
 B Belowground Tank E Plastic/Non-metallic Drum H Silo K Box N Plastic Bottle or Jug Q Rail Car
 C Tank Inside Building F Can I Filter Drum L Cylinder O Tote Bin R Other

Hazardous Waste Inventory Statement

For use by *Unidocs Member Agencies* or where approved by your *Local Jurisdiction*

Date: 8/15/08

Business Name: Skyline College <small>(Same as Facility Name or DBA)</small>	Type of Report on This Page: Page 8 of 15 <small>(One page per building or area)</small>															
Chemical Location: Building 10 <small>(Building/Storage Area)</small>	EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No															
Facility ID # <small>(Agency Use Only)</small>	Add: <input type="checkbox"/> Delete: <input checked="" type="checkbox"/> Revise: <input type="checkbox"/>															
1. Haz. Class	2. Map and Grid or Location Code	3. Waste Stream Name	4. Hazardous Components	5. Type and Physical State	6. Quantities	7. Annual Waste Amount	8. Units	9. Storage Codes	10. Hazard Categories							
IRRR	Building 10	Hot Caustic Cleaner (Water, Oil)	Chemical Name	% Wt.	EHS CAS No.	Max. Daily	Average Daily	Largest Cont.	Storage Pressure	Storage Temp.	fire	reactive	pressure release	acute health	chronic health	radioactive
			Oil	15		100	100	100	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Water	85		Curries: (if radioactive)	Days On Site: 365	Storage Container: R	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input type="checkbox"/> > amb.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Management Method:													
			<input checked="" type="checkbox"/> Shipped Off-site													
			<input type="checkbox"/> Recycled On-site													
			<input type="checkbox"/> Treated On-site													
			Management Method:													
			<input type="checkbox"/> Shipped Off-site													
			<input type="checkbox"/> Recycled On-site													
			<input type="checkbox"/> Treated On-site													
			Management Method:													
			<input type="checkbox"/> Shipped Off-site													
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			<input type="checkbox"/> Recycled On-site													
			<input type="checkbox"/> Treated On-site													
			Management Method:													
			<input type="checkbox"/> Shipped Off-site													
			<input type="checkbox"/> Recycled On-site													
			<input type="checkbox"/> Treated On-site													

EPCRA, sign below:

* Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type
A	Aboveground Tank	D	Steel Drum	G	Carboy	J	Bag
B	Belowground Tank	E	Plastic/Nonmetallic Drum	H	Silo	K	Box
C	Tank Inside Building	F	Can	I	Fiber Drum	L	Cylinder
				M	Glass Bottle or Jug	N	Plastic Bottle or Jug
				O	Tote Bin	P	Tank Wagon
				Q	Rail Car	R	Other

Hazardous Waste Inventory Statement

For use by *Unidocs Member Agencies* or where approved by your *Local Jurisdiction*

Date: 8/15/08

Business Name: Skyline College <small>(Same as Facility Name or DBA)</small>		EPCRA Confidential Location? Trade Secret Information?		Facility ID # <small>(Agency Use Only)</small>		Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise		Page 9 of 15 <small>(One page per building or area)</small>										
Chemical Location: Building 9 Automotive <small>(Building/Storage Area)</small>																		
1.	2.	3.		4.		5.		6.		7.		8.		9.		10.		
Haz. Class	Map and Grid or Location Code	Waste Stream Name	Chemical Name	Hazardous Components		Type and Physical State	Max. Daily	Average Daily	Largest Cont.	Annual Waste Amount	Units	Storage Pressure	Storage Temp.	Storage Codes		Hazard Categories		
IRR OHH	Building 9	Used Brake Fluid		% Wt.	EHS CAS No.	<input checked="" type="checkbox"/> waste	30	30	30	30	gallons pounds cu. feet tons	ambient > amb. < amb.	ambient > amb. < amb. cryogenic	fire reactive pressure release acute health chronic health radioactive				
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curtains: (if radioactive)	Days On Site: 365	Storage Container: E	State Waste Code: 30		<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Used Oil				<input checked="" type="checkbox"/> waste	440	440	440	440	gallons pounds cu. feet tons	ambient > amb. < amb.	ambient > amb. < amb. cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curtains: (if radioactive)	Days On Site: 365	Storage Container: E	State Waste Code: 221		<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Waste Flammable Liquids	Ethylene Glycol	50	107-21-1	<input checked="" type="checkbox"/> waste	55	55	55	110	gallons pounds cu. feet tons	ambient > amb. < amb.	ambient > amb. < amb. cryogenic	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curtains: (if radioactive)	Days On Site: 365	Storage Container: E	State Waste Code: 125		<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Waste Parts Cleaner	Soap	33		<input checked="" type="checkbox"/> waste	65	65	30	30	gallons pounds cu. feet tons	ambient > amb. < amb.	ambient > amb. < amb. cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curtains: (if radioactive)	Days On Site: 365	Storage Container: N	State Waste Code: 70		<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Waste Solids(Used Oil Filters)	Solid Debris	95		<input checked="" type="checkbox"/> waste	35	35	35	70	gallons pounds cu. feet tons	ambient > amb. < amb.	ambient > amb. < amb. cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curtains: (if radioactive)	Days On Site: 365	Storage Container: F	State Waste Code: 70		<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curtains: (if radioactive)	Days On Site: 365	Storage Container: E	State Waste Code: 70		<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				

If EPCRA, sign below:

* Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type
A	Aboveground Tank	G	Carboy	J	Bag	M	Glass Bottle or Jug	P	Tank Wagon
B	Belowground Tank	H	Silo	K	Box	N	Plastic Bottle or Jug	Q	Rail Car
C	Tank Inside Building	I	Fiber Drum	L	Cylinder	O	Tray Bin	R	Other

Emergency Response/Contingency Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC§ 25504(b), 19 CCR §2731; 22 CCR §66262.34(a)(4)

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All facilities that handle hazardous materials in HMBP quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste (or more than 1 kilogram of acutely hazardous waste or 100 kilograms of debris resulting from the spill of an acutely hazardous waste) per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a hazardous waste contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). **If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. **At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** A copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e., contractual) emergency services arrangements have been made (*see section 3, below*).

1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility (*check all that apply*):

Bells; Horns/Sirens; Verbal (*i.e., shouting*); Other (*specify*) Text messaging system for students to notify them not to come to campus

b. Evacuation map is prominently displayed throughout the facility.

Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

2. a. Emergency Contacts*:

Fire/Police/Ambulance Phone No.: **911**

State Office of Emergency Services Phone No.: **(800) 852-7550**

b. Post-Incident Contacts*:

Certified Unified Program Agency (CUPA) Phone No.: ()

Local Hazardous Materials Program Phone No.: **(650) 372-6200**

California EPA Department of Toxic Substances Control Phone No.: **(510) 794-3739**

Cal-OSHA Division of Occupational Safety and Health Phone No.: **(510) 794-2521**

Air Quality Management District Phone No.: **(415) 771-6000**

Regional Water Quality Control Board Phone No.: **(510) 622-2300**

* Phone numbers for agencies in Unidocs Member Agency geographic jurisdictions are available at www.unidocs.org.

c. Emergency Resources:

Poison Control Center* Phone No.: **(800) 876-4766**

Nearest Hospital: Name: **Kaiser Permanente** Phone No.: **(410) 760-7274**

Address: **1200 El Camino Real** City: **South San Francisco**

3. Arrangements With Emergency Responders:

If you have made special (i.e., contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:

4. Emergency Procedures:Emergency Coordinator Responsibilities:

- a. Whenever there is an imminent or actual emergency situation such as a explosion, fire, or release, the emergency coordinator (*or his/her designee when the emergency coordinator is on call*) shall:
 - i. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
 - ii. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (*e.g., the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.*).
 - iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
 - iv. Notify appropriate local authorities (*i.e., call 911*).
 - v. Notify the State Office of Emergency Services at 1-800-852-7550.
 - vi. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
 - vii. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
- b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
 - i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from a explosion, fire, or release at the facility.
 - ii. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
 - iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
 - iv. Notify the California Environmental Protection Agency's Department of Toxic Substances Control, the local CUPA, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above.

Responsibilities of Other Personnel:

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section, above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

5. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Environmental Protection Agency's Department of Toxic Substances Control, the local CUPA, and the local fire department's hazardous materials program. The report shall include:

- a. Name, address, and telephone number of the facility's owner/operator;
- b. Name, address, and telephone number of the facility;
- c. Date, time, and type of incident (*e.g., fire, explosion, etc.*);
- d. Name and quantity of material(s) involved;
- e. The extent of injuries, if any;
- f. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
- g. Estimated quantity and disposition of recovered material that resulted from the incident;
- h. Cause(es) of the incident;
- i. Actions taken in response to the incident;
- j. Administrative or engineering controls designed to prevent such incidents in the future.

6. Earthquake Vulnerability: [19 CCR §2731(c)]

As an attachment to this plan, you must identify any areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake-related ground motion.

7. Hazard Mitigation/Prevention/Abatement [19 CCR §2731(c)]

As an attachment to this plan, you must include procedures that provide for mitigation, prevention, or abatement of hazards to persons, property, or the environment. These procedures must be scaled appropriately for the size and nature of the business, the nature of the damage potential of the hazardous materials handled, and the proximity of the business to residential areas and other populations.

8. Emergency Equipment:

22 CCR §66265.52(e) [as referenced by 22 CCR §66262.34(a)(4)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**	
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators			
	<input type="checkbox"/> Chemical Monitoring Equipment (<i>describe</i>)			
	<input type="checkbox"/> Chemical Protective Aprons/Coats			
	<input type="checkbox"/> Chemical Protective Boots			
	<input checked="" type="checkbox"/> Chemical Protective Gloves			
	<input type="checkbox"/> Chemical Protective Suits (<i>describe</i>)			
	<input type="checkbox"/> Face Shields			
	<input checked="" type="checkbox"/> First Aid Kits/Stations (<i>describe</i>)		Throughout campus	Basic first aid supplies
	<input type="checkbox"/> Hard Hats			
	<input checked="" type="checkbox"/> Plumbed Eye Wash Stations		Located in chemical labs, and automotive areas	
	<input type="checkbox"/> Portable Eye Wash Kits (<i>i.e., bottle type</i>)			
	<input type="checkbox"/> Respirator Cartridges (<i>describe</i>)			
<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles		Used in areas where chemicals are utilized		
<input checked="" type="checkbox"/> Safety Showers		Chemistry labs		
<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)				
<input type="checkbox"/> Other (<i>describe</i>)				
Fire Extinguishing Systems	<input checked="" type="checkbox"/> Automatic Fire Sprinkler Systems	Campus wide		
	<input type="checkbox"/> Fire Alarm Boxes/Stations			
	<input type="checkbox"/> Fire Extinguisher Systems (<i>describe</i>)			
	<input checked="" type="checkbox"/> Fire Extinguishers (<i>describe</i>)	Campus wide		
	<input type="checkbox"/> Other (<i>describe</i>)			
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (<i>describe</i>)			
	<input checked="" type="checkbox"/> Berms/Dikes (<i>describe</i>)			
	<input checked="" type="checkbox"/> Decontamination Equipment (<i>describe</i>)			
	<input type="checkbox"/> Emergency Tanks (<i>describe</i>)			
	<input type="checkbox"/> Exhaust Hoods			
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (<i>describe</i>)			
	<input checked="" type="checkbox"/> Neutralizers (<i>describe</i>)			
	<input type="checkbox"/> Overpack Drums			
	<input type="checkbox"/> Sumps (<i>describe</i>)			
	<input type="checkbox"/> Other (<i>describe</i>)			
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (<i>describe</i>)			
	<input checked="" type="checkbox"/> Intercoms/ PA Systems	Campus wide		
	<input checked="" type="checkbox"/> Portable Radios			
	<input checked="" type="checkbox"/> Telephones	Campus wide		
	<input type="checkbox"/> Tank Leak Detection Systems			
	<input type="checkbox"/> Other (<i>describe</i>)			
Additional	<input type="checkbox"/>			

Equipment
(Use Additional
Pages if Needed)

<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

* Use the map and grid numbers from the Storage Map prepared earlier for your HMBP.

** Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed

Employee Training Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(c), 22 CCR §66262 34(a)(4)

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All facilities that handle hazardous materials in HMBP quantities must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. **If you already have a brief written description of your training program that addresses all subjects covered below, you are not required to complete the blank plan, below, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. [Note: Items marked with an asterisk (*) are required.]:

1. Personnel are trained in the following procedures:

<input checked="" type="checkbox"/> Internal alarm/notification *
<input checked="" type="checkbox"/> Evacuation/re-entry procedures & assembly point locations*
<input checked="" type="checkbox"/> Emergency incident reporting
<input checked="" type="checkbox"/> External emergency response organization notification
<input checked="" type="checkbox"/> Location(s) and contents of Emergency Response/Contingency Plan
<input checked="" type="checkbox"/> Facility evacuation drills, that are conducted at least (specify): Annually (e.g., "Quarterly", etc.)

2. Chemical Handlers are additionally trained in the following:

<input checked="" type="checkbox"/> Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/> Location(s) and proper use of fire and spill control equipment
<input checked="" type="checkbox"/> Spill procedures/emergency procedures
<input checked="" type="checkbox"/> Proper use of personal protective equipment *
<input checked="" type="checkbox"/> Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e., inhalation, ingestion, absorption) *
<input checked="" type="checkbox"/> 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.) *

3. 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

<input checked="" type="checkbox"/> Personnel rescue procedures
<input checked="" type="checkbox"/> Shutdown of operations
<input checked="" type="checkbox"/> Liaison with responding agencies
<input checked="" type="checkbox"/> Use, maintenance, and replacement of emergency response equipment
<input checked="" type="checkbox"/> Refresher training, which is provided at least annually *
<input checked="" type="checkbox"/> Emergency response drills, which are conducted at least (specify): Annually (e.g., "Quarterly", etc.)

All facilities that handle hazardous materials must maintain records associated with their management. A summary of your record keeping procedures is a required module of the Unidocs Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials record keeping systems that addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. *[Note: Items marked with an asterisk (*) are required.]:*

<input checked="" type="checkbox"/> Current employees' training records <i>(to be retained until closure of the facility) *</i>
<input checked="" type="checkbox"/> Former employees' training records <i>(to be retained at least three years after termination of employment) *</i>
<input checked="" type="checkbox"/> Training Program(s) <i>(i.e., written description of introductory and continuing training) *</i>
<input checked="" type="checkbox"/> Current copy of this Emergency Response/Contingency Plan *
<input checked="" type="checkbox"/> Record of recordable/reportable hazardous material/waste releases *
<input checked="" type="checkbox"/> Record of hazardous material/waste storage area inspections *
<input checked="" type="checkbox"/> Record of hazardous waste tank daily inspections *
<input checked="" type="checkbox"/> Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

Note: The following section applies where local agencies require facility owners/operators to perform and document routine facility self-inspections:

A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. *[Exception: Unidocs provides a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the Unidocs form (available at www.unidocs.org), you do not need to attach a copy.]*

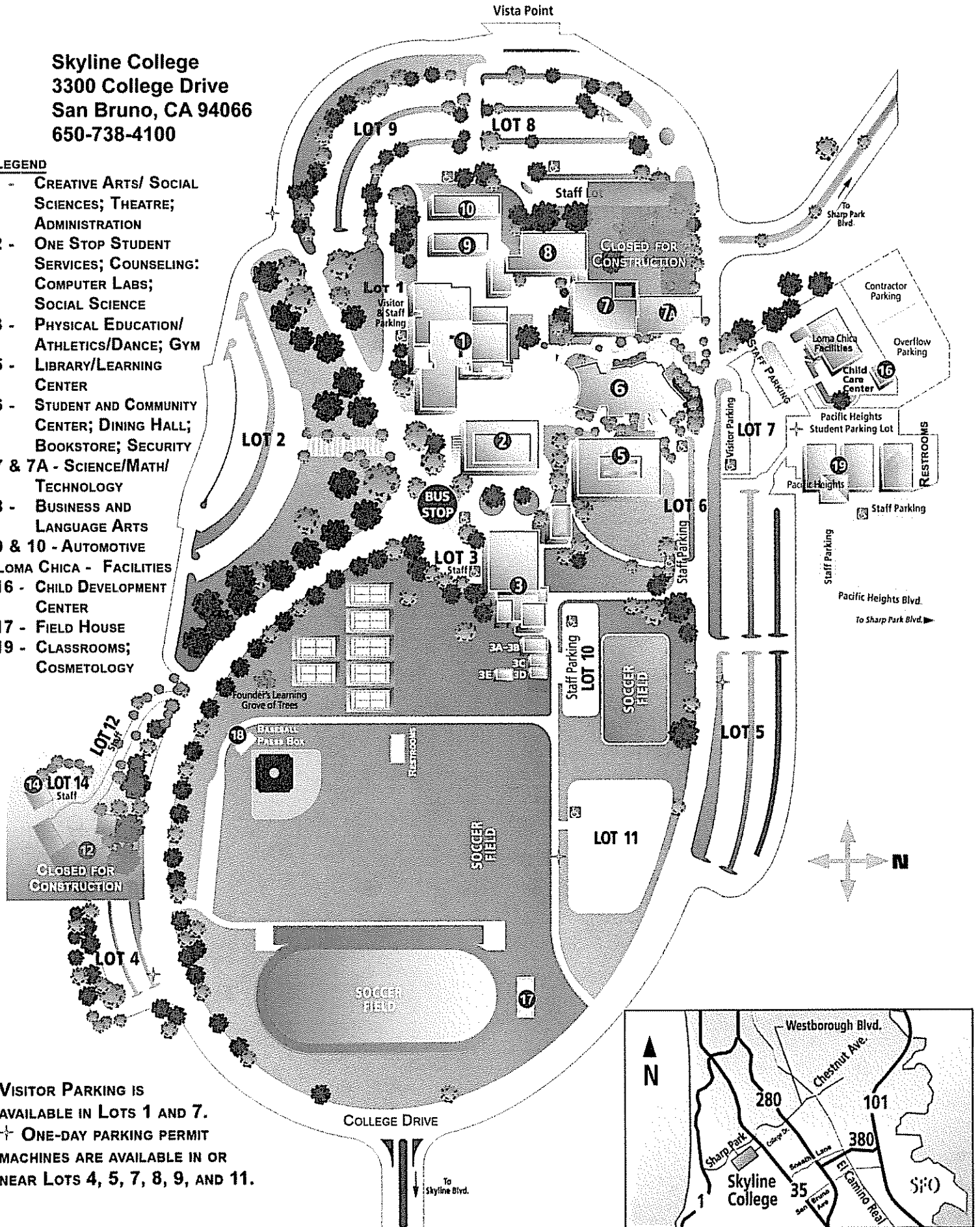
Check the appropriate box:

<input checked="" type="checkbox"/> We will use the Unidocs "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input type="checkbox"/> We will use our own documents to record inspections. <i>(A blank copy of each document used must be attached to this HMBP.)</i>

Skyline College
3300 College Drive
San Bruno, CA 94066
650-738-4100

LEGEND

- 1 - CREATIVE ARTS/ SOCIAL SCIENCES; THEATRE; ADMINISTRATION
- 2 - ONE STOP STUDENT SERVICES; COUNSELING; COMPUTER LABS; SOCIAL SCIENCE
- 3 - PHYSICAL EDUCATION/ ATHLETICS/DANCE; GYM
- 5 - LIBRARY/LEARNING CENTER
- 6 - STUDENT AND COMMUNITY CENTER; DINING HALL; BOOKSTORE; SECURITY
- 7 & 7A - SCIENCE/MATH/ TECHNOLOGY
- 8 - BUSINESS AND LANGUAGE ARTS
- 9 & 10 - AUTOMOTIVE
- LOMA CHICA - FACILITIES
- 16 - CHILD DEVELOPMENT CENTER
- 17 - FIELD HOUSE
- 19 - CLASSROOMS; COSMETOLOGY



VISITOR PARKING IS AVAILABLE IN LOTS 1 AND 7.
 † **ONE-DAY PARKING PERMIT MACHINES ARE AVAILABLE IN OR NEAR LOTS 4, 5, 7, 8, 9, AND 11.**