

**UNIDOCs
FACILITY INFORMATION
BUSINESS ACTIVITIES PAGE**

Page 1 of 13

I. FACILITY IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>											¹	EPA ID # (Hazardous Waste Only) CAD982496960	²
BUSINESS NAME <i>(Same as Facility Name or DBA - Doing Business As)</i>													³
Canada College													
BUSINESS SITE ADDRESS 4200 Farm Hill Boulevard													¹⁰³
BUSINESS SITE CITY Redwood City										¹⁰⁴	CA	ZIP CODE 94061	¹⁰⁵

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 checked="" 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 Sec 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

Page 2 of 13

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>										1	BEGINNING DATE ¹⁰⁰	ENDING DATE ¹⁰¹
											9/22/2008	9/22/2009
BUSINESS NAME <i>(Same as Facility Name or DBA – Doing Business As)</i> ³											BUSINESS PHONE ¹⁰²	
Canada College											(650) 306-3100	
BUSINESS SITE ADDRESS ¹⁰³											BUSINESS FAX ^{102a.}	
4200 Farm Hill Boulevard											(650) 306-3113	
BUSINESS SITE CITY ¹⁰⁴								CA	ZIP CODE ¹⁰⁵		COUNTY ¹⁰⁸	
Redwood City									94061		San Mateo	
DUN & BRADSTREET ¹⁰⁶								PRIMARY SIC ¹⁰⁷		PRIMARY NAICS ^{107a.}		
								8222				
BUSINESS MAILING ADDRESS ^{108a}												
4200 Farm Hill Boulevard												
BUSINESS MAILING CITY ^{108b}								STATE ^{108c}	ZIP CODE ^{108d.}			
Redwood City								CA	94061			
BUSINESS OPERATOR NAME ¹⁰⁹										BUSINESS OPERATOR PHONE ¹¹⁰		
Canada College										(650) 306-3100		

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		
Danny Glass										(650) 306-3325		
CONTACT MAILING ADDRESS ¹¹⁹										CONTACT EMAIL ^{119a.}		
4200 Farm Hill Boulevard										glass@smccd.edu		
CONTACT MAILING CITY ¹²⁰								STATE ¹²¹	ZIP CODE ¹²²			
Redwood City								CA	94061			

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME ¹²³	NAME ¹²⁸
Danny Glass	Janet Stringer
TITLE ¹²⁴	TITLE ¹²⁹
Facilities Operation Manager	Dean, Science and Technology
BUSINESS PHONE ¹²⁵	BUSINESS PHONE ¹³⁰
(650) 306-3325	(650) 306-3322
24-HOUR PHONE ¹²⁶	24-HOUR PHONE ¹³¹
(650) 642-7144	(713) 483-4951
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: 9/22/08

Business Name: **Canada College** Page 3 of 13
(Some as Facility Name) (One page per building or area)

Chemical Location: **Building 1 - Facilities Yard** Type of Report on This Page: Add; Delete; Revise
(Building/Storage Area) (Agency Use Only)

1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components (For mixtures only)	5. Type and Physical State	6. Quantities		7. Units		8. Storage Codes		9. Hazard Categories	
			Wt. % EHS CAS No.		Max. Daily	Average Daily	Largest Cont.		Pressure	Temp.		
FG UR2	Building 1	Acetylene		<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	200	200	200	gallons pounds <input checked="" type="checkbox"/> cu. feet tons	ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: 74-86-2			Curres: (if radioactive)	Days On Site: 365	Storage Container: L					
IRR	Building 1	Latex Paint	0-30	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	100	100	7	gallons pounds cu. feet tons	ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<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	<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
		CAS No.: [] EHS	13463-67-7 107-21-1		Curres: (if radioactive)	Days On Site: 365	Storage Container: F					
		CAS No.: [] EHS		<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				gallons pounds cu. feet tons	ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: [] EHS		<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				gallons pounds cu. feet tons	ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: [] EHS		<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				gallons pounds cu. feet tons	ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive

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	M Glass Bottle or Jug	P Tank Wagon	Q Rail Car	R Other
B	Belowground Tank	E Plastic/Non-metallic Drum	H Silo	K Box	N Plastic Bottle or Jug			
C	Tank inside Building	F Can	I Filter Drum	L Cylinder	O Tote Bin			

Non-Waste Hazardous Materials Inventory Statement

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

Date: 9/22/08

1.		2.		3.		4.				5.		6.			7.			8.			9.		
Business Name: Canada College (Same as Facility Name or DBA)		Map and Grid or Location Code		Common Name		Chemical Name		Hazardous Components (For mixtures only)				Type and Physical State		Quantities		Storage Codes			Hazard Categories				
Chemical Location: Building 3 (Building/Storage Area)		Building 3		Skasol 1881		Sodium Hydroxide Sodium Nitrate		Wt. %		EHS CAS No.		pure mixture		Max. Daily		Storage Pressure			Hazard Categories				
EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		CAS No.: <input type="checkbox"/> EHS		EHS		<5 <20		1310-73-2 7632-00-0		<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture		110		<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 checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
IRR		Building 3		Skasol 1045		Sodium Hydroxide Sodium Nitrate		<5 <20		1310-73-2 7632-00-0		<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture		98		<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				
EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		CAS No.: <input type="checkbox"/> EHS		EHS		<5 <20		1310-73-2 7632-00-0		<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture		98		<input 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				
COR		Building 3		Skasol 1881		Sodium Hydroxide Sodium Nitrate		<5 <20		1310-73-2 7632-00-0		<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture		110		<input 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				
OHH		Building 3		Skasol 1881		Sodium Hydroxide Sodium Nitrate		<5 <20		1310-73-2 7632-00-0		<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture		110		<input 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				
EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		CAS No.: <input type="checkbox"/> EHS		EHS		<5 <20		1310-73-2 7632-00-0		<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture		98		<input 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				
* Code		Storage Type		Code		Storage Type		Code		Storage Type		Code		Storage Type		Code		Storage Type		Code		Storage Type	
A	Aboveground Tank	D	Steel Drum	G	Carboy	J	Bag	M	Glass Bottle or Jug	P	Tank Wagon	Q	Rail Car	R	Other								
B	Belowground Tank	E	Plastic/Non-metallic Drum	H	Silo	K	Box	N	Plastic Bottle or Jug														
C	Tank inside Building	F	Can	I	Fiber Drum	L	Cylinder	O	Tote Bin														

IF EPCRA, sign below:

Non-Waste Hazardous Materials Inventory Statement

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

Date: 9/22/08

1.		2.		3.		4.				5.			6.				7.			8.			9.			
Hazard Class		Map and Grid or Location Code		Common Name		Chemical Name		Hazardous Components (For mixtures only)				Type and Physical State			Quantities			Units			Storage Codes			Hazard Categories		
NFG		Building 18-Room 309-A		Helium								<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture			Max. Daily 218 Average Daily 218 Largest Cont. 218			gallons pounds cu. feet tons			ambient > amb. < amb.			fire reactive pressure release acute health chronic health radioactive		
		CAS No.: 7440-59-7		EHS								<input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas			Carries: (if radioactive) Curies: (if radioactive) 0			Storage Containers: L			ambient > amb. < amb.			fire reactive pressure release acute health chronic health radioactive		
		CAS No.:		EHS								<input type="checkbox"/> pure <input type="checkbox"/> mixture			Carries: (if radioactive) Curies: (if radioactive)			Storage Containers: 0			ambient > amb. < amb.			fire reactive pressure release acute health chronic health radioactive		
		CAS No.:		EHS								<input type="checkbox"/> pure <input type="checkbox"/> mixture			Carries: (if radioactive) Curies: (if radioactive)			Storage Containers: 0			ambient > amb. < amb.			fire reactive pressure release acute health chronic health radioactive		
		CAS No.:		EHS								<input type="checkbox"/> pure <input type="checkbox"/> mixture			Carries: (if radioactive) Curies: (if radioactive)			Storage Containers: 0			ambient > amb. < amb.			fire reactive pressure release acute health chronic health radioactive		
												<input type="checkbox"/> pure <input type="checkbox"/> mixture			Carries: (if radioactive) Curies: (if radioactive)			Storage Containers: 0			ambient > amb. < amb.			fire reactive pressure release acute health chronic health radioactive		
												<input type="checkbox"/> pure <input type="checkbox"/> mixture			Carries: (if radioactive) Curies: (if radioactive)			Storage Containers: 0			ambient > amb. < amb.			fire reactive pressure release acute health chronic health radioactive		

If EPCRA, sign below:

Conf. Storage Type
 Aboveground Tank
 Belowground Tank
 Tank inside Building

Conf. Storage Type
 Steel Drum
 Plastic/Non-metallic Drum
 Can

Conf. Storage Type
 Carboy
 Silo
 Fiber Drum

Conf. Storage Type
 Bag
 Box
 Cylinder

Conf. Storage Type
 Glass Bottle or Jug
 Plastic Bottle or Jug
 Tote Bin

Conf. Storage Type
 Tank Wagon
 Rail Car
 Other

Hazardous Waste Inventory Statement

Date: 9/22/2008

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

Business Name: Canada 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 6 of 13 <small>(One page per building or area)</small>				
Chemical Location: Building 1-Facilities <small>(Building/Storage Area)</small>												
1.	2.	4.		5.	6.		7.	9.				
Haz. Class	Map and Grid or Location Code	Hazardous Components		Type and Physical State	Max. Daily	Quantities	Annual Waste Amount	Units	Storage Codes	Hazard Categories		
		Chemical Name	% Wt.	EHS CAS No.		Average Daily	Largest Cont.		Pressure	Temp.		
		Waste Stream Name										
CL3B IRR	Building 1	Used Oil			<input checked="" type="checkbox"/> waste	55	55	110	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> fire	
		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	Curtis: (if radioactive) 365	Storage Container: D	State Waste Code: 221	<input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<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	0-50	78-93-3 67-56-1	<input checked="" type="checkbox"/> waste	1	1	12	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
FL1B IRR OHH	Building 1	Methanol	0-50		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curtis: (if radioactive) 365	Storage Container: N	State Waste Code: 212	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" 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							
		Asbestos-Renovations			<input checked="" type="checkbox"/> waste	50	50	160	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
IRR OHH CARC	Building 1	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input checked="" type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curtis: (if radioactive)	Storage Container: E	State Waste Code: 151	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Used Lead Acid Batteries	80	7664-93-9 7732-18-5	<input checked="" type="checkbox"/> waste	300	100	300	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" 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	Curtis: (if radioactive) 365	Storage Container: R	State Waste Code: 792	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
WR1 COR	Building 1	Used Lead Acid Batteries	20		<input checked="" type="checkbox"/> waste	300	300	300	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> ambient	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" 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	Curtis: (if radioactive)	Storage Container: R	State Waste Code: 792	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" 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 checked="" type="checkbox"/> waste	300	300	300	<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient	<input type="checkbox"/> ambient	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive

If 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	Site	K	Box
C	Tank inside Building	F	Can	I	Fiber Drum	L	Cylinder
		M	Glass Bottle or Jug	N	Plastic Bottle or Jug	P	Rail Car
		O	Tote Bin			R	Other
				Q	Tank Wagon		

Hazardous Waste Inventory Statement

Date: 9/22/08

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

Business Name: Canada College <small>(State as Facility Name or DBA)</small>		Chemical Location: Building 19 Room 309-A <small>(Building/Storage Area)</small>		EPCRA Confidential Location? Trade Secret Information?		Facility ID # <small>Agency Use Only</small>		Type of Report on This Page: Add: <input type="checkbox"/> Delete: <input checked="" type="checkbox"/> Revise: <input type="checkbox"/>		Page 7 of 13 <small>(One page per building or 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	Building 19-Room 309-A	Silver Nitrate Waste	Silver Nitrate	% Wt.	EHS CAS No.	<input checked="" type="checkbox"/> waste	0.26	0.26	0.26	0.26	gallons pounds cu. feet tons	ambient > amb. < amb.	ambient > amb. < amb. cryogenic	<input checked="" type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
IRR OHH	Building 19-Room 309-A	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	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: M	State Waste Code:							
IRR COR	Building 19-Room 309-A	Waste Inorganic Salts, N.O.S	Cobalt Chloride	>50	7646-79-9	<input checked="" type="checkbox"/> waste	1	1	1	12	gallons pounds cu. feet tons	ambient > amb. < amb.	ambient > amb. < amb. cryogenic	<input checked="" type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input checked="" type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Copper Chloride	>50	7447-39-4	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Magnesium Sulfate	>50	7487-88-9	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Lead Nitrate	>50	10099-74-8	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Ferric Chloride	>50	7705-08-0	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Hexane	>50	110-54-3	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Lactate Acid	>50	50-21-5	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Naphthalene	>50	91-20-3	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Benzophenone	>50	119-61-9	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Chloroform	>50	67-66-3	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Methanol	>50	67-56-1	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Acetone	>50	67-64-1	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Butanol	>50	71-36-3	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Dichloroethane	>50	75-34-3	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Xylene	>50	106-42-3	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Acetone	>50	67-64-1	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Petroleum Ether	>50	8032-32-4	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Catechol	>50	120-80-9	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Phenol Red	>50	143-74-8	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Halogenated Wastes	>50		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							
IRR COR	Building 19-Room 309-A	Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site		>50		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: N	State Waste Code:							

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

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

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: Sequoia Hospital Phone No.: (650) 369-5811

Address: 170 Alameda De Las Pulgas City: Redwood City

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	
	<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 Equipment <i>(Use Additional Pages if Needed)</i>	<input type="checkbox"/>		
	<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 (<i>specify</i>): (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>i.e., inhalation, ingestion, absorption</i>) *
<input checked="" type="checkbox"/> Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (<i>e.g., container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.</i>) *

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 (<i>specify</i>): (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>

