

**UNIDOCs
FACILITY INFORMATION
BUSINESS ACTIVITIES PAGE**

Page 1 of 16

I. FACILITY IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		1	EPA ID # (Hazardous Waste Only)	2
	-		-	
BUSINESS NAME <i>(Same as Facility Name or DBA - Doing Business As)</i>			3	
College of San Mateo				
BUSINESS SITE ADDRESS		103		
1700 West Hillsdale Boulevard				
BUSINESS SITE CITY	104	CA	ZIP CODE	105
San Mateo			94402	

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 See CUPA for required forms

F. LOCAL REQUIREMENTS (You may also be required to provide additional information by your CUPA or local agency)	15
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**UNIDOCs
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE**

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I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>											1	BEGINNING DATE ¹⁰⁰	ENDING DATE ¹⁰¹		
												9/19/2008	9/19/2009		
BUSINESS NAME <i>(Same as Facility Name or DBA – Doing Business As)</i> ³											BUSINESS PHONE ¹⁰²				
College of San Mateo											(650) 574-6161				
BUSINESS SITE ADDRESS ¹⁰³											BUSINESS FAX ^{102a}				
1700 West Hillsdale Boulevard											(650) 348-4446				
BUSINESS SITE CITY ¹⁰⁴								STATE		ZIP CODE ¹⁰⁵		COUNTY ¹⁰⁸			
San Mateo								CA		94402		San Mateo			
DUN & BRADSTREET ¹⁰⁶											PRIMARY SIC ¹⁰⁷		PRIMARY NAICS ^{107a}		
8222															
BUSINESS MAILING ADDRESS ^{108a}															
1700 West Hillsdale Boulevard															
BUSINESS MAILING CITY ^{108b}								STATE ^{108c}		ZIP CODE ^{108d}					
San Mateo								CA		94402					
BUSINESS OPERATOR NAME ¹⁰⁹											BUSINESS OPERATOR PHONE ¹¹⁰				
San Mateo Community College											(650) 574-6161				

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		
Diane Martinez											(650) 574-6577		
CONTACT MAILING ADDRESS ¹¹⁹											CONTACT EMAIL ^{119a}		
1700 West Hillsdale Boulevard											martinezd@smccd.edu		
CONTACT MAILING CITY ¹²⁰								STATE ¹²¹		ZIP CODE ¹²²			
San Mateo								CA		94402			

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME ¹²³						NAME ¹²⁸					
Charlene Frontiera						John Wells					
TITLE ¹²⁴						TITLE ¹²⁹					
Dean Math/Science						Security Supervisor					
BUSINESS PHONE ¹²⁵						BUSINESS PHONE ¹³⁰					
(650) 574-6312						(650) 574-6200					
24-HOUR PHONE ¹²⁶						24-HOUR PHONE ¹³¹					
(650) 574-6312						(650) 574-6200					
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: 9/19/2008

Business Name: College of San Mateo <small>(State as Facility Name)</small>		Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise		Page 3 of 16 <small>(One page per building or area)</small>								
Chemical Location: Building 7- Facilities <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>								
1.	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components <small>(for mixtures only)</small>	5. Type and Physical State	6. Quantities	7. Units	8. Storage Codes	9. Hazard Categories				
		Chemical Name	Wt. %	EHS	CAS No.	Max. Daily	Average Daily	Largest Cont.	Pressure	Temp.		
FG UR2	Building 7- Facilities	Acetylene CAS No.: 44-86-2				400 Curtains: (if radioactive)	400 Days On Site: 365	124 Storage Container: L	<input checked="" type="checkbox"/> ambient <input checked="" 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"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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
FG OX	Building 7- Facilities	Oxygen CAS No.: 7782-44-7				775 Curtains: (if radioactive)	775 Days On Site: 365	200 Storage Container: L	<input type="checkbox"/> ambient <input checked="" 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"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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
NFG	Building 7- Facilities	Carbon Dioxide CAS No.: 124-38-9				70 Curtains: (if radioactive)	70 Days On Site: 365	15 Storage Container: L	<input checked="" type="checkbox"/> ambient <input checked="" 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"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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
CL3B IRR	Building 7- Facilities	Motor Oil CAS No.: [] EHS				110 Curtains: (if radioactive)	110 Days On Site: 365	55 Storage Container: D	<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 checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" 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
CL3B IRR	Building 7- Facilities	Automatic Transmission Fluid CAS No.: [] EHS				55 Curtains: (if radioactive)	55 Days On Site: 365	55 Storage Container: D	<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 checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" 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
CL3B IRR	Building 7- Facilities	Hydraulic Oil CAS No.: [] EHS				55 Curtains: (if radioactive)	55 Days On Site: 365	55 Storage Container: D	<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 checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" 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

If EPCRA, sign below:

* 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
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	Toile Bin
								P	Tank Wagon
								Q	Rail Car
								R	Other

Non-Waste Hazardous Materials Inventory Statement

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

Date: 09/19/08

Business Name: College of San Mateo (Same as Facility Name or DBA)		EPCRA Confidential Location? Trade Secret Information?		Facility ID # (Agency Use Only)		Type of Report on This Page: Add: <input type="checkbox"/> Delete: <input checked="" type="checkbox"/> Revise: <input type="checkbox"/>		Page 4 of 16 (One page per building or area)						
Chemical Location: Building 7-Facilities (Building/Storage Area)		EPCRA Confidential Location? Trade Secret Information?		Facility ID # (Agency Use Only)		Type of Report on This Page: Add: <input type="checkbox"/> Delete: <input checked="" type="checkbox"/> Revise: <input type="checkbox"/>		Page 4 of 16 (One page per building or area)						
1.	2.	3.	4.		5.		6.		7.		8.		9.	
Haz. Class	Map and Grid or Location Code	Common Name	Chemical Name	Hazardous Components (For mixtures only)		Type and Physical State	Max. Daily	Average Daily	Largest Cont.	Units	Storage Pressure	Storage Temp.	Hazard Categories	
FLIC IRR	Building 9	325 Thinner		Wt. %	EHS	CAS No.				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	
FG	Building 7-Facilities	Propane	Propane	90	74-98-6		55	55	55	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	
CL3B IRR	Building 7-Facilities	Diesel Gasoline	Diesel Fuel	100	68476-34-6		55	55	55	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	Building 7-Facilities	Skasol 188IC	Sodium Hydroxide	<5	1310-73-2		90	90	55	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	
COR	Building 7-Facilities	Pull Non-Disinfectant	Sodium Nitrate	<20	7632-00-0		70	70	0.3	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	Building 7-Facilities	Scaler Finish 1030	Hydrochloric Acid	23	7647-01-0		50	50	2.5	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	
			Quaternary Ammonium Chloride	1	68424-95-3			Days On Site: 365	Storage Container: E					
			Diocetyl Dimethyl Ammonium Chloride	1	5538-94-3			Days On Site: 365	Storage Container: R					
			Quaternary Ammonium Chloride	1	7173-51-5			Days On Site: 365	Storage Container: M					
			Quaternary Ammonium Chloride	1	68424-85-1			Days On Site: 365	Storage Container: N					
			Diethylene glycol monoethyl ether	4	111-90-0			Days On Site: 365	Storage Container: L					

IF EPCRA, sign below:

* Code Storage Type Aboveground Tank Belowground Tank Steel Drum Plastic/Non-metallic Drum Carboy Silo Bag Box Tank Wagon Rail Car

Non-Waste Hazardous Materials Inventory Statement

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Date: 9/19/08

Business Name: College of San Mateo <small>(Some as Facility Name or DBA)</small>		Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise		Page 6 of 16 <small>(One page per building or area)</small>	
Chemical Location: Building 4A-Ceramics <small>(Building/Storage Area)</small>		EPCRA Confidential Location? Trade Secret Information?		Facility ID # <small>(Agency Use Only)</small>	
EPCRA Confidential Location? Trade Secret Information?		EHS CAS No.		9.	
4.		5.		6.	
Hazardous Components <small>(For mixtures only)</small>		Type and Physical State		Quantities	
Chemical Name		Wt. %		Max. Daily	
3.		Common Name		Average Daily	
Map and Grid or Location Code		EHS		Largest Cont.	
Building		EHS		Storage Pressure	
4A-Ceramics		EHS		Storage Temp.	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
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IRR		EHS		Hazard Categories	
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FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
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IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
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IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
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IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
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IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
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IRR		EHS		Hazard Categories	
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IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
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IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
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IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
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IRR		EHS		Hazard Categories	
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UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
UR 2		EHS		Hazard Categories	
FG		EHS		Hazard Categories	
IRR		EHS		Hazard Categories	
FG					

Hazardous Waste Inventory Statement

Date: 9/19/08

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

Business Name: College of San Mateo <small>(Same as Facility Name or DBA)</small>		Chemical Location: Building 22-Dental <small>(Building/Storage Area)</small>		EPCRA Confidential Location? <small>Trade Secret Information?</small>		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 8 of 16 <small>(One page per building or area)</small>							
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	
		Waste Stream Name	Management Method:	Chemical Name	% Wt.	EHS CAS No.	Wt.	Physical State	Max. Daily	Average Daily	Largest Cont.	Annual Waste Amount	gallons	Storage Pressure	Storage Temp.		Hazard Categories
IRR	Building 22-Dental	Waste Fixer	<input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Acetic Acid	1-5	64-19-7	<input checked="" type="checkbox"/> waste	30	30	1.5	30	<input checked="" type="checkbox"/> gallons	<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 checked="" type="checkbox"/> ambient <input 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	
		Boric Acid	<input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Sodium Acetate	5-10	127-09-3	<input checked="" type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Carries: (if radioactive)	Days On Site: 365	Storage Container: E	State Waste Code: 541	State Waste Code: 541	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input 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
		Waste Developer	<input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Sodium Sulfate	1-5	7757-83-7	<input checked="" type="checkbox"/> waste	15	15	1.5	30	1.5	30	<input checked="" type="checkbox"/> gallons	<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"/> 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
SEN	Building 22-Dental	Waste Developer	<input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Sodium Metaborate	<1	7775-19-1	<input checked="" type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Carries: (if radioactive)	Days On Site: 365	Storage Container: E	State Waste Code: 541	State Waste Code: 541	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input 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
		Waste Developer	<input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Sodium Metaborate	<1	7775-19-1	<input checked="" type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Carries: (if radioactive)	Days On Site: 365	Storage Container: E	State Waste Code: 541	State Waste Code: 541	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input 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
		Waste Developer	<input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	Sodium Metaborate	<1	7775-19-1	<input checked="" type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Carries: (if radioactive)	Days On Site: 365	Storage Container: E	State Waste Code: 541	State Waste Code: 541	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input 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

If EPCRA, sign below:

* 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
B	Belowground Tank	E	Plaster/Nonmetallic Drum	H	Silo	K	Box	N	Plastic Bottle or Jug
C	Tank inside Building	F	Can	I	Fiber Drum	L	Cylinder	O	Tote Bin
								P	Tank Wagon
								Q	Rail Car
								R	Other

Hazardous Waste Inventory Statement

Date: 9/19/08

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

Business Name: College of San Mateo <small>(Same as Facility Name or DBA)</small>		Chemical Location: Building 36-Chemistry <small>(Building/Storage Area)</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 10 of 16 <small>(One page per building or area)</small>						
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
		Waste Stream Name	CAS No.	Chemical Name	% Wt.	EHS	CAS No.	Max. Daily	Average Daily	Largest Cont.	Amount	Pressure	Temp.	Pressure	Temp.	
IRR	Building 36-Chemistry	Mixed Aqueous Wastes		Mixed Lab Waste		<input checked="" type="checkbox"/> waste	25	25	5	100	<input checked="" type="checkbox"/> ambient > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input 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	Carries: (if radioactive)	Days On Site: 365	Storage Container: M	State Waste Code:					<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	
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> waste	Carries: (if radioactive)	Days On Site:	Storage Container:	State Waste Code:					<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	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Carries: (if radioactive)	Days On Site:	Storage Container:	State Waste Code:					<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	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input checked="" type="checkbox"/> waste	Carries: (if radioactive)	Days On Site:	Storage Container:	State Waste Code:					<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	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Carries: (if radioactive)	Days On Site:	Storage Container:	State Waste Code:					<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	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> waste	Carries: (if radioactive)	Days On Site:	Storage Container:	State Waste Code:					<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	

If EPCRA, sign below:

* 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
B	Belowground Tank	E	Plastic/Nonmetallic Drum	H	Silo	K	Box	N	Plastic Bottle or Jug
C	Tank Inside Building	F	Can	I	Fiber Drum	L	Cylinder	O	Toile 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) 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. 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: **Mills Peninsula Hospital** Phone No.: **(650) 696-5400**

Address: **100 S. San Mateo Drive** City: **San Mateo**

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(e)]

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 (Use Additional Pages if Needed)	<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 (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>

