

**UNIDOCs
FACILITY INFORMATION
BUSINESS ACTIVITIES PAGE**

Page 1 of 19

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.	
Skyline College			
BUSINESS SITE ADDRESS		103.	
3300 College Drive			
BUSINESS SITE CITY	104.	CA	105.
San Bruno		ZIP CODE	94066

II. ACTIVITIES DECLARATION

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

Does your facility...		If Yes, please complete these pages of the UPCF...
A. HAZARDOUS MATERIALS Have on site (for any purpose) at any one time, hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4.	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?	<input type="checkbox"/> YES <input 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 <i>(one per recycler)</i> ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – UNIT PAGE <i>(one page per unit)</i> 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**

Page 2 of 19

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		1.	BEGINNING DATE 1/1/2011	100.	ENDING DATE 12/31/2011	101.
BUSINESS NAME <i>(Same as Facility Name or DBA – Doing Business As)</i>			3.		BUSINESS PHONE (650) 738-4100	
BUSINESS SITE ADDRESS 3300 College Drive			103.		BUSINESS FAX (650) 738-4191	
BUSINESS SITE CITY San Bruno			104.		105.	
			CA		ZIP CODE 94066	
DUN & BRADSTREET			106.		107.	
			PRIMARY SIC 8222		107a.	
BUSINESS MAILING ADDRESS 3300 College Drive			108a.			
BUSINESS MAILING CITY San Bruno			108b.		108c.	
			CA		ZIP CODE 94066	
BUSINESS OPERATOR NAME San Mateo Community College			109.		BUSINESS OPERATOR PHONE (650) 574-6500	

II. BUSINESS OWNER

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

III. ENVIRONMENTAL CONTACT

CONTACT NAME Brian Tupper			117.		CONTACT PHONE <div style="border: 1px solid red; width: 100px; height: 15px;"></div>	
CONTACT MAILING ADDRESS 3300 College Drive			119.		CONTACT EMAIL tupper@smccd.edu	
CONTACT MAILING CITY San Bruno			120.		121.	
			CA		ZIP CODE 94066	

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME Brian Tupper	123.	NAME Mike Celeste	128.
TITLE Chief of Public Safety	124.	TITLE Director of Public Safety	129.
BUSINESS PHONE (650) 738-4455	125.	BUSINESS PHONE (650) 348-6840	130.
24-HOUR PHONE <div style="border: 1px solid red; width: 100px; height: 15px;"></div>	126.	24-HOUR PHONE <div style="border: 1px solid red; width: 100px; height: 15px;"></div>	131.
PAGER # ()	127.	PAGER # ()	132.

ADDITIONAL LOCALLY COLLECTED INFORMATION:

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 EORM	135.
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: 1/1/2011

Business Name: Skyline College <small>(Same 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 19 <small>(One page per building or area)</small>							
Chemical Location: Facilities Maintenance Center <small>(Buildings 22, 23, and 24)</small> <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.	3.	4.			5.			6.			7.		8.		9.
Haz. Class	Map and Grid or Location Code	Common Name	Hazardous Components <small>(For mixtures only)</small>			Type and Physical State	Quantities			Units		Storage Codes		Hazard Categories		
			Chemical Name	% Wt.	EHS	CAS No.	Max. Daily	Average Daily	Largest Cont.			Storage Pressure	Storage Temp.			
FG UR2	BLDG 22	Acetylene			<input type="checkbox"/>						<input type="checkbox"/> gallons <input checked="" type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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 checked="" 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		
		CAS No.: 44-86-2 <input type="checkbox"/> EHS			<input type="checkbox"/>		Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * L							
OX	BLDG 22	Oxygen			<input type="checkbox"/>						<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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"/> 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		
		CAS No.: 7782-44-7 <input type="checkbox"/> EHS			<input type="checkbox"/>		Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * L							
IRR	BLDG 23 Paint Room	Latex Paint	Titanium Dioxide	0-30	<input type="checkbox"/>	13463-67-7	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	70	70	15	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
		CAS No.: <input type="checkbox"/> EHS	Ethylene Glycol	0-5	<input type="checkbox"/>	107-21-1	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * F						
COR	BLDG 23 Janitorial Storage	Clorox Bleach	Sodium Hypochlorite	1-3	<input type="checkbox"/>	7681-52-9	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	60	48	1	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
		CAS No.: <input type="checkbox"/> EHS	Sodium Hydroxide	1	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * N						
			Lauramine Oxide	1	<input type="checkbox"/>	1643-20-5										
IRR	BLDG 23 Janitorial Storage	Floor Sealer 1010	Diethyleneglycol Methylether	<4	<input type="checkbox"/>	111-90-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	60	55	2.5	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive		
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<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						
FG	BLDG 24 Outside Storage cage	Liquefied Propane			<input type="checkbox"/>		<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	50	50	7	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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 checked="" 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		
		CAS No.: 74-98-6 <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * L						

- | | | | | | |
|------------------------|-----------------------------|-------------------|-------------------|-------------------------|-------------------|
| * 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 |
| B Belowground Tank | E Plastic/Non-metallic Drum | H Silo | K Box | N Plastic Bottle or Jug | Q Rail Car |
| C Tank Inside Building | F Can | I Fiber Drum | L Cylinder | O Tote Bin | R Other |

If EPCRA, sign below: _____

Non-Waste Hazardous Materials Inventory Statement

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

Date: 01/01/2011

Business Name: Skyline College <small>(Same 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 4 of 19 <small>(One page per building or area)</small>				
Chemical Location: Facilities Maintenance Center <small>(Buildings 22, 23, and 24)</small> <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. Haz. Class	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.	Storage Pressure	
CG OX	BLDG 24 Outside Storage Cage	Oxygen CAS No.: 7782-44-7 <input type="checkbox"/> EHS			<input type="checkbox"/>	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	600	600	200	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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 checked="" 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	BLDG 24 Above ground Storage Tank	Diesel Fuel No. 2 CAS No.: 68476-34-6 <input type="checkbox"/> EHS			<input type="checkbox"/>	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	250	250	250	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
FL 1B	BLDG 24 Outside above ground tank	Gasoline CAS No.: 86290-81-5 <input type="checkbox"/> EHS			<input type="checkbox"/>	<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	750	750	750	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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"/> 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
					<input type="checkbox"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				<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"/> cryogenic	<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"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				<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"/> cryogenic	<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"/>	<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas				<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"/> cryogenic	<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

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

If EPCRA, sign below: _____

Non-Waste Hazardous Materials Inventory Statement

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

Date: 01/01/2011

Business Name: Skyline College <small>(Same 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 5 of 19 <small>(One page per building or area)</small>					
Chemical Location: Building 1 <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. Haz. Class	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.	Storage Pressure		Storage Temp.
IRR COR OHH	Building I Boiler Room	SKASOL 6010-C	Sodium Hydroxide	<5%	<input type="checkbox"/>	1310-73-2	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	100	100	100	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS	Sodium Nitrate	<60	<input type="checkbox"/>	7632-00-0	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: E				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<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"/> cryogenic	<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"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<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"/> cryogenic	<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"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<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"/> cryogenic	<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"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<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"/> cryogenic	<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"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container:*				
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<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"/> cryogenic	<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

- | | | | | | |
|------------------------|-----------------------------|-------------------|-------------------|-------------------------|-------------------|
| * 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 |
| B Belowground Tank | E Plastic/Non-metallic Drum | H Silo | K Box | N Plastic Bottle or Jug | Q Rail Car |
| C Tank Inside Building | F Can | I Fiber Drum | L Cylinder | O Tote Bin | R Other |

If EPCRA, sign below: _____

Non-Waste Hazardous Materials Inventory Statement

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

Date: 01/01/2011

Business Name: Skyline College <small>(Same 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 19 <small>(One page per building or area)</small>						
Chemical Location: Building 8-Automotive <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. Haz. Class	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.	Storage Pressure		Storage Temp.	
FG UR 2	Building 8	Acetylene		<input type="checkbox"/>		<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	300	300	100	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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 checked="" 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		
		CAS No.: 74-86-2 <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: L						
NFG	Building 8	Nitrogen		<input type="checkbox"/>		<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	700	700	100	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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"/> 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		
		CAS No.: 17778-88-0 <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: L						
CG OX	Building 8	Oxygen		<input type="checkbox"/>		<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture	600	600	200	<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input checked="" type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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"/> 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		
		CAS No.: 7782-44-7 <input type="checkbox"/> EHS		<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input checked="" type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: L						
COR OHH	Building 8	ZEP Flash	Sodium Metasilicate	65	<input type="checkbox"/>	6834-92-0	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	90	90	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Trisodium Orthophosphate	15	<input type="checkbox"/>	7601-54-9									
			Sodium Carbonate	10	<input type="checkbox"/>	497-19-8	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: E					
			Sodium Chloride	10	<input type="checkbox"/>	7647-14-5									
IRR CLIB	Building 8	Zep ID Red	Hexane	85	<input type="checkbox"/>	110-54-3	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	70	70	50	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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 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	
			Isopropyl Alcohol	10	<input type="checkbox"/>	67-63-0	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site: 365	Storage Container: E					
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input checked="" type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<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 type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
					<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(if radioactive)</small>	Days On Site:	Storage Container:*					

- * 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
 - B Belowground Tank E Plastic/Non-metallic Drum H Silo K Box N Plastic Bottle or Jug Q Rail Car
 - C Tank Inside Building F Can I Fiber Drum L Cylinder O Tote Bin R Other

If EPCRA, sign below: _____

Hazardous Waste Inventory Statement

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

Date: 1/1/2011

Business Name: Skyline College <small>(Same 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 <u>7</u> of <u>19</u> <small>(One page per building or area)</small>			
Chemical Location: Building 22 - 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. 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				
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily			Largest Cont.	Storage Pressure		Storage Temp.			
CL3B IRR	BLDG 22	Used Oil			<input type="checkbox"/>	<input checked="" type="checkbox"/> waste	55	55	55	110	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive				
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site				<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: D	State Waste Code: 221								
WR1	BLDG 22	Used Lead Acid Batteries	Sulfuric Acid	80	<input type="checkbox"/>	7664-93-9	<input checked="" type="checkbox"/> waste	300	300	35	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 type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input checked="" type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive			
		Management Method: <input 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	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: R	State Waste Code: 792								
					<input type="checkbox"/>		<input type="checkbox"/> waste					<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"/> cryogenic	<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"/>		<input type="checkbox"/> waste					<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"/> cryogenic	<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"/>		<input type="checkbox"/> waste					<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"/> cryogenic	<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"/>		<input type="checkbox"/> waste					<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"/> cryogenic	<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"/>		<input type="checkbox"/> waste					<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"/> cryogenic	<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			

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

If EPCRA, sign below:

Date: 01/01/2011

Hazardous Waste Inventory Statement

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

Business Name: Skyline College <small>(Same 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 8 of 19 <small>(One page per building or area)</small>		
Chemical Location: Building 1 <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. 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	
			Chemical Name	% Wt.	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.			Storage Pressure	Storage Temp.		
FL1B	BLDG 1 Room 1302	Waste Flammable Liquids (Solvents, Paints)	Latex Paint	35	<input type="checkbox"/>		<input checked="" type="checkbox"/> waste <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	5	5	5	10	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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"/> 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	
			Alkyd Paint	35	<input type="checkbox"/>											
			Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site		Paint Thinner	30										<input type="checkbox"/>
C 2	BLDG 1 Room 1302	Waste Rags	Debris	99	<input type="checkbox"/>		<input checked="" type="checkbox"/> waste <input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	30	30	30	60	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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"/> 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	
			Stoddard Solvent	1	<input type="checkbox"/>	8052-41-3										
			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					<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"/> cryogenic	<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"/> waste					<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"/> cryogenic	<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"/> waste					<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"/> cryogenic	<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"/> waste					<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"/> cryogenic	<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	

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

If EPCRA, sign below: _____

Date: 01/01/2011

Hazardous Waste Inventory Statement

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

Business Name: Skyline College (Same as Facility Name or DBA)											Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page 9 of 19 (One page per building or area)		
Chemical Location: Building 2 (Building/Storage Area)				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No				Facility ID # (Agency Use Only)			-					
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	
			Chemical Name	% Wt.	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.			Storage Pressure	Storage Temp.		
IRR	Bld 1 Room 2112	Waste Fixer Solution			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> waste	30	30	30	180	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site: 365	Storage Container: E	State Waste Code: 541					
							<input type="checkbox"/> waste					<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"/> cryogenic	<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	Curies: (If radioactive)	Days On Site:	Storage Container: *	State Waste Code:					
							<input checked="" type="checkbox"/> waste					<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"/> cryogenic	<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	Curies: (If radioactive)	Days On Site:	Storage Container: *	State Waste Code:					
							<input checked="" type="checkbox"/> waste					<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"/> cryogenic	<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	Curies: (If radioactive)	Days On Site:	Storage Container: *	State Waste Code:					
							<input checked="" type="checkbox"/> waste					<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"/> cryogenic	<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	Curies: (If radioactive)	Days On Site:	Storage Container: *	State Waste Code:					

- | | | | | | | |
|------------------------|----------------------------|-------------------|-------------------|-------------------------|-------------------|-------------------|
| * Code Storage Type | 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 | |
| B Belowground Tank | E Plastic/Nonmetallic Drum | H Silo | K Box | N Plastic Bottle or Jug | Q Rail Car | |
| C Tank Inside Building | F Can | I Fiber Drum | L Cylinder | O Tote Bin | R Other | |

If EPCRA, sign below: _____

Date: 01/01/2011

Hazardous Waste Inventory Statement

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

Business Name: Skyline College <small>(Same 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 10 of 19 <small>(One page per building or area)</small>		
Chemical Location: Building 8 Automotive <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.	3.	4.			5.	6.			7.	8.	9.		10.	
Haz. Class	Map and Grid or Location Code	Waste Stream Name	Hazardous Components			Type and Physical State	Quantities			Annual Waste Amount	Units	Storage Codes		Hazard Categories	
			Chemical Name	% Wt.	EHS		CAS No.	Max. Daily	Average Daily			Largest Cont.	Storage Pressure		Storage Temp.
IRR OHH	Building 8	Used Brake Fluid			<input type="checkbox"/>		<input checked="" type="checkbox"/> waste	30	30	30	30	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input 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	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * E	State Waste Code: 223				
CL3B IRR	Building 8	Used Oil			<input type="checkbox"/>		<input checked="" type="checkbox"/> waste	440	440	440	440	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * E	State Waste Code: 221				
CL3B IRR	Building 8 - Outside cabinet	Waste Flammable Liquids	Ethylene Glycol	50	<input type="checkbox"/>	107-21-1	<input checked="" type="checkbox"/> waste	55	55	55	110	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<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"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site					<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * E	State Waste Code: 214				
IRR	Building 8	Waste Parts Cleaner	Soap	33	<input type="checkbox"/>		<input checked="" type="checkbox"/> waste	65	65	30	125	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site		Oil	33	<input type="checkbox"/>		<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: 561			
IRR	Building 8	Waste Solids (Used Oil Filters)	Solid Debris	95	<input type="checkbox"/>		<input checked="" type="checkbox"/> waste	55	55	55	110	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		Management Method: <input checked="" type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site		Oil	5	<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: * D	State Waste Code: 221			
					<input type="checkbox"/>		<input type="checkbox"/> waste					<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"/> cryogenic	<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"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site:	Storage Container: *	State Waste Code:				

- | | | | | | | | | | | | | | |
|--------|----------------------|------|--------------------------|------|--------------|------|--------------|------|-----------------------|------|--------------|------|--------------|
| * Code | Storage Type | 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 |
| B | Belowground Tank | E | Plastic/Nonmetallic Drum | H | Silo | K | Box | N | Plastic Bottle or Jug | R | Other | | |
| C | Tank Inside Building | F | Can | I | Fiber Drum | L | Cylinder | O | Tote Bin | | | | |

If EPCRA, sign below:

Date: 01/01/2011

Hazardous Waste Inventory Statement

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

Business Name: Skyline College (Same as Facility Name or DBA)											Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input checked="" type="checkbox"/> Revise			Page 11 of 19 (One page per building or area)		
Chemical Location: Building 10 (Building/Storage Area)				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No				Facility ID # (Agency Use Only)								
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	
			Chemical Name	% Wt.	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.			Storage Pressure	Storage Temp.		
IRR	Building 10	Hot Caustic Cleaner (Water, Oil)	Oil	15	<input type="checkbox"/>		<input checked="" type="checkbox"/> waste	100	100	100	200	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
			Water	85	<input type="checkbox"/>											<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas
		Management Method:														
							<input type="checkbox"/> waste					<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"/> cryogenic	<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"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *	State Waste Code:					
							<input type="checkbox"/> waste					<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"/> cryogenic	<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"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *	State Waste Code:					
							<input checked="" type="checkbox"/> waste					<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"/> cryogenic	<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"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *	State Waste Code:					
							<input type="checkbox"/> waste					<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"/> cryogenic	<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"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *	State Waste Code:					
							<input type="checkbox"/> waste					<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"/> cryogenic	<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"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container: *	State Waste Code:					

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

If EPCRA, sign below:

Date: 01/01/2011

Hazardous Waste Inventory Statement

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

Business Name: Skyline College <small>(Same 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 12 of 19 <small>(One page per building or area)</small>		
Chemical Location: Building 11 Automotive <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. 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	
			Chemical Name	% Wt.	EHS	CAS No.		Max. Daily	Average Daily	Largest Cont.			Storage Pressure	Storage Temp.		
IRR	Building 11	Hot Caustic Cleaner (Water, Oil)	Oil	15	<input type="checkbox"/>		<input checked="" type="checkbox"/> waste	65	65	65	200	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input checked="" type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Water		85	<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: <small>(If radioactive)</small>	Days On Site: 365	Storage Container: R	State Waste Code: 222					
					<input type="checkbox"/>		<input type="checkbox"/> waste					<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"/> cryogenic	<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 type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
					<input type="checkbox"/>		<input type="checkbox"/> waste					<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"/> cryogenic	<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 type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
					<input type="checkbox"/>		<input type="checkbox"/> waste					<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"/> cryogenic	<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 type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
					<input type="checkbox"/>		<input type="checkbox"/> waste					<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"/> cryogenic	<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 type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
					<input type="checkbox"/>		<input type="checkbox"/> waste					<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"/> cryogenic	<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 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 |
| B Belowground Tank | E Plastic/Nonmetallic Drum | H Silo | K Box | N Plastic Bottle or Jug | Q Rail Car |
| C Tank Inside Building | F Can | I Fiber Drum | L Cylinder | O Tote Bin | R Other |

If EPCRA, sign below:

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, Electronic Message Boards Indoors, Indoor Public Address (PA) System

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.: **(650) 371-6200**
Local Hazardous Materials Program Phone No.: **(650) 372-6200**
California EPA Department of Toxic Substances Control Phone No.: **(510) 540-2122**
Cal-OSHA Division of Occupational Safety and Health Phone No.: **(650) 573-3812**
Air Quality Management District Phone No.: **(415) 771-6000**
Regional Water Quality Control Board Phone No.: **(510) 622-2300**

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

c. Emergency Resources:

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

Nearest Hospital: Name: **Kaiser Permanente** Phone No.: **(415) 760-7274**

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

3. Arrangements With Emergency Responders:

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

4. Emergency Procedures:

Emergency Coordinator Responsibilities:

- a. Whenever there is an imminent or actual emergency situation such as an 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 an 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>	Campus wide	Basic first aid supplies
	<input checked="" type="checkbox"/> Hard Hats	Campus wide	
	<input checked="" type="checkbox"/> Plumbed Eye Wash Stations	Chemical labs, automotive areas	
	<input checked="" type="checkbox"/> Portable Eye Wash Kits <i>(i.e., bottle type)</i>	Vehicle wash facility	
	<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 checked="" type="checkbox"/> Fire Alarm Boxes/Stations	Campus wide	
	<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>	Fuel Storage Tank	
	<input 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 checked="" type="checkbox"/> Tank Leak Detection Systems	Facilities Fuel tank	
	<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.)

Record Keeping
(Hazardous Materials Business Plan Module)

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 (to be retained until closure of the facility) *
<input checked="" type="checkbox"/> Former employees' training records (to be retained at least three years after termination of employment) *
<input checked="" type="checkbox"/> Training Program(s) (i.e., written description of introductory and continuing training) *
<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:

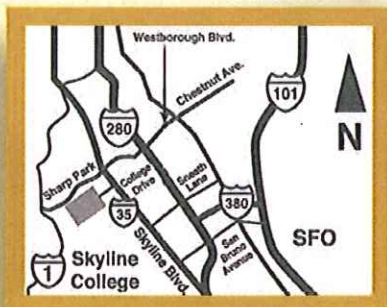
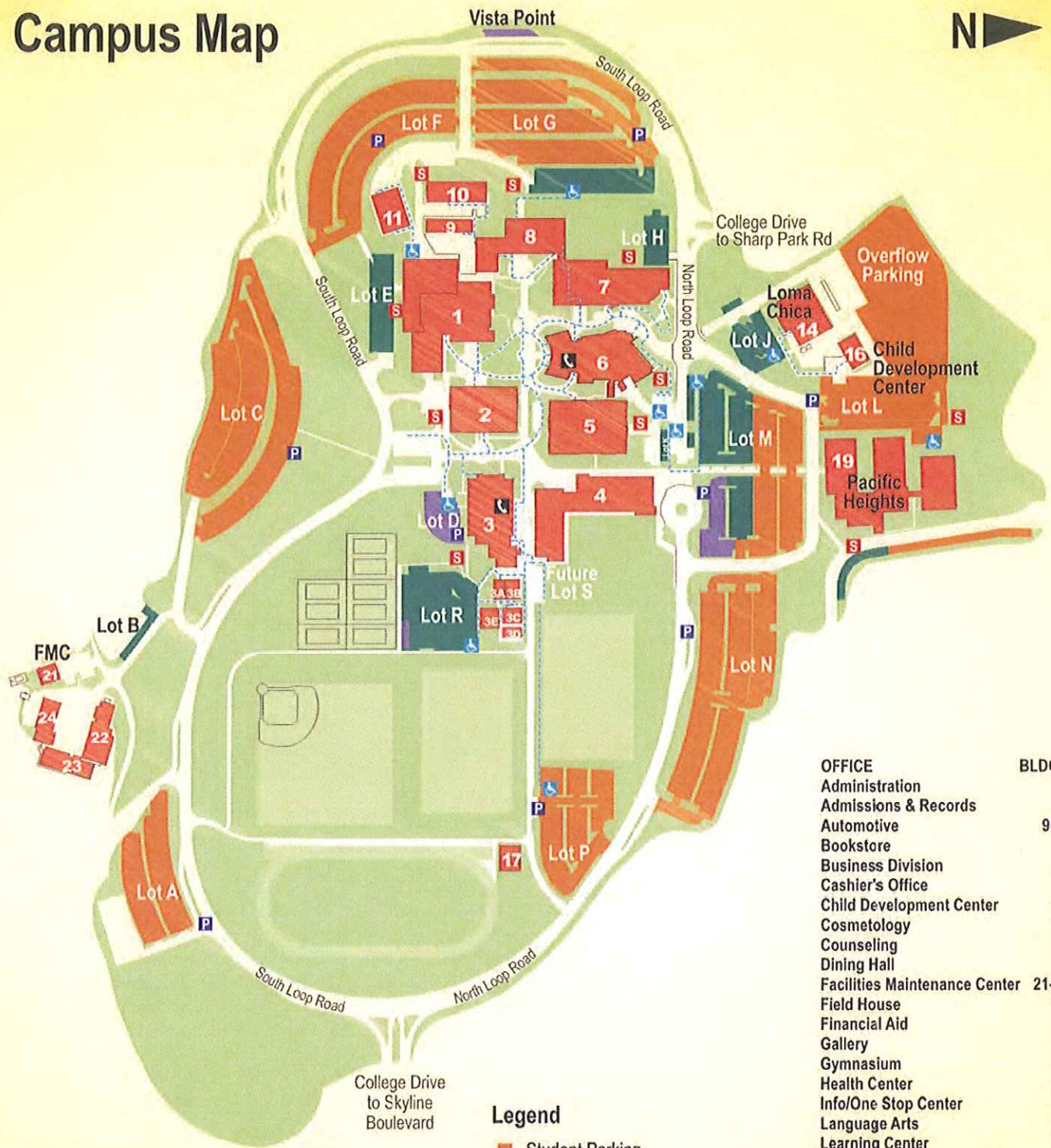
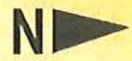
A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. [Exception: Unidocs provides a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. 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. (A blank copy of each document used must be attached to this HMBP.)

Campus Map

Vista Point



OFFICE	BLDG #
Administration	1
Admissions & Records	2
Automotive	9-11
Bookstore	6
Business Division	8
Cashier's Office	2
Child Development Center	16
Cosmetology	19
Counseling	2
Dining Hall	6
Facilities Maintenance Center	21-24
Field House	17
Financial Aid	2
Gallery	1
Gymnasium	3
Health Center	2
Info/One Stop Center	2
Language Arts	8
Learning Center	5
Library	5
Loma Chica	14
Pacific Heights	19
PE/Athletics/Dance	3
Portable Classrooms	3A-E
Public Safety	6
Referee	9
Sciences & Allied Health	7
Social Science/Creative Arts	1
Student Activities	6
Student & Community Center	6
Theater	1

Legend

- Student Parking
- Staff Parking
- Visitor Parking
- P Parking Permit Dispenser
- S Smoking Area
- ♿ Accessible Parking
- \$ Pay Phones
- Universal Access Route