UNIDOCS FACILITY INFORMATION BUSINESS ACTIVITIES PAGE

| I. FACILITY IDENTIFICATION 1. EPA ID # (Hazardous Waste Only) 2. |
|--|
| BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) Skyline College BUSINESS SITE ADDRESS 3300 College Drive BUSINESS SITE ADDRESS 3300 College Drive 104. CA ZIP CODE 94066 105. II. ACTIVITIES DECLARATION NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page. Does your facility 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 quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70? B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)? C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks? D. ABOVE GROUND PETROLEUM STORAGE Own or operate ASTs above these thresholds: |
| BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) Skyline College BUSINESS SITE ADDRESS 3300 College Drive BUSINESS SITE CITY San Bruno 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 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 quantitities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70? B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)? C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks? D. ABOVE GROUND PETROLEUM STORAGE Own or operate ASTs above these thresholds: D. ABOVE GROUND PETROLEUM STORAGE Own or operate ASTs above these thresholds: |
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| BUSINESS SITE CITY San Bruno 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 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? B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)? C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks? D. ABOVE GROUND PETROLEUM STORAGE Own or operate ASTs above these thresholds: D. ABOVE GROUND PETROLEUM STORAGE Own or operate ASTs above these thresholds: |
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| 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? B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)? C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks? D. ABOVE GROUND PETROLEUM STORAGE Own or operate ASTs above these thresholds: D. VES NO 5. HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION CHEMICAL DESCRIPTION HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION CHEMICAL DESCRIPTION CHEMICAL DESCRIPTION HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION CHEMICAL DESCRIPTION CHEMICAL DESCRIPTION A. WES NO 4. HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION CHEMICAL DESCRIPTION CHEMICAL DESCRIPTION TARGET AND ASSOCIATED SUBSTANCES NO 4. HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION CHEMICAL DESCRIPTION HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION CHEMICAL DESCRIPTION TARGET AND ASSOCIATED SUBSTANCES NO 4. HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION TARGET AND ASSOCIATED SUBSTANCES NO 4. HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION TARGET AND ASSOCIATED SUBSTANCES NO 4. HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION HAZARDOUS MATER |
| Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)? C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks? D. ABOVE GROUND PETROLEUM STORAGE Own or operate ASTs above these thresholds: Coordinate with your local agency responsible for CalARP. UST OPERATING PERMIT APPLICATION – FACILITY INFORMATION UST OPERATING PERMIT APPLICATION – TANK INFORMATION |
| Own or operate underground storage tanks? D. ABOVE GROUND PETROLEUM STORAGE Own or operate ASTs above these thresholds: D. VES NO 5. FACILITY INFORMATION UST OPERATING PERMIT APPLICATION – TANK INFORMATION TANK INFORMATION |
| Own or operate ASTs above these thresholds: |
| aboveground tanks or containers? |
| E. HAZARDOUS WASTE Generate hazardous waste? Separate hazardous waste? EPA ID NUMBER – provide at top of this page |
| Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? Recycle more than 100 kg/month of excluded or exempted recyclable (one per recycler) RECYCLABLE (one per recycler) |
| Treat hazardous waste onsite? □ YES □ NO 11. ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – UNIT PAGE (one page per unit) |
| Perform treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? |
| Consolidate hazardous waste generated at a remote site? YES NO 13. REMOTE WASTE CONSOLIDATION SITE ANNUAL NOTIFICATION |
| Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? YES NO 14. HAZARDOUS WASTE TANK CLOSURE CERTIFICATION |
| 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 more then 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste? |
| Serve as a Household Hazardous Waste (HHW) Collection site? The second of the second |

UNIDOCS FACILITY INFORMATION BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE

| | | | | | | | | | | | | | P | age 2 | (| of _ | 19 |
|---|------|-------|---------|--------|---------|-------|----------|---------|------|------------------|---------|------------------|--|------------|------|-------|-------|
| | | | | | I. | IDE | NTI | FICAT | IC | N | | | | | | | |
| FACILITY ID# | T | T | | | | Т | | 1. | В | EGINNING | DATE | 100. | ENDING | DATE | | | 101. |
| (Agency Use Only) | - | - | | - | | | | | 1 | /1/2011 | | | 12/31/ | 2011 | | | |
| BUSINESS NAME (Same as Facility N | ame | or D | BA - Dc | oing B | usiness | (As) | | 1 | | 7 17 20 1 1 | 3. | BUSINES | SS PHONE | | | | 102. |
| Skyline College | | | | 0 | | | | | | | | (650) | 738-410 | 00 | | | |
| BUSINESS SITE ADDRESS | | | | | | | | | | | 103. | BUSINES | | | | | 102a. |
| 3300 College Drive | | | | | | | | | | | | (650) | 738-419 |)1 | | | |
| BUSINESS SITE CITY | | | | | | 104. | | ZIP COD | ÞΕ | | 105. | COUNTY | | | | | 108. |
| San Bruno | | | | | | | CA | 94066 | 3 | | | San M | lateo | | | | |
| DUN & BRADSTREET | | | | | | | 106. | PRIMAR | | SIC | 107. | PRIMAR | and the American Control of the Cont | | | | 107a. |
| | | | | | | | | 8222 | | | | | | - | | | |
| BUSINESS MAILING ADDRESS | | | | | | | | | | | | | | | | | 108a. |
| 3300 College Drive | | | | | | | | | | | | | | | | | |
| BUSINESS MAILING CITY | | | | | | | | 108 | b. | STATE | | 108c. | ZIP CODE | | | | 108d. |
| San Bruno | | | | | | | | | | CA | | | 94066 | | | | |
| BUSINESS OPERATOR NAME | | | | | | | | | - 1 | 109. | BUSI | NESS OPE | RATOR PHO | ONE | | | 110. |
| San Mateo Community | Co | lleg | е | | | | | | | | (65) | 0) 574- | 6500 | | | | |
| | | | | | II. | BUS | SINE | ss ow | N | ER | ` | | | | | | |
| OWNER NAME | | | | | 11, | | 711 (12) | 00 0 11 | - 1. | 111. | OWN | ER PHONI | E | | | | 112. |
| San Mateo Community | Co | llea | Э | | | | | | | | | 0) 574- | | | | | |
| OWNER MAILING ADDRESS | | | | | | | | | | | (| -) | | | | | 113. |
| 3401 CSM Drive | | | | | | | | | | | | | | | | | |
| OWNER MAILING CITY | | | | | | | | 11 | 4. | STATE | | 115. | ZIP CODE | | | | 116. |
| San Mateo | | | | | | | | | | CA | | | 94402 | | | | |
| | | | III | . E | NVI | RO | VME | NTAL | C | ONTAC | T | | | | | | |
| CONTACT NAME | | | | | | | 11111 | 111111 | | 117. | | TACT PHO | NE | | | | 118. |
| Brian Tupper | | | | | | | | | | | | | | | | | |
| CONTACT MAILING ADDRESS | | | | | | | | | | 119. | CON | TACT EMA | \IL | | | | 119a. |
| 3300 College Drive | | | | | | | | | | | tupp | er@smcc | d.edu | | | | |
| CONTACT MAILING CITY | | | | | | | | 120 | 0. | STATE | | | ZIP CODE | | | | 122. |
| San Bruno | | | | | | | | | | CA | | | 94066 | | | | |
| -PRIMARY- | | | | IV. | EM | ERC | GEN | CY CO | N | TACTS | | | -SECON | DARY- | | | |
| NAME | | | | | | | 123. | NAME | | | | | | | | | 128. |
| Brian Tupper | | | | | | | | Mike (| Ce | eleste | | | | | | | |
| TITLE | | | | | | | 124. | TITLE | - 17 | | | | 11 2 2 2 | | | | 129. |
| Chief of Public Safety | | | | | | | | Direct | or | of Publ | ic S | afety | | | | | |
| BUSINESS PHONE | | | | | | | 125. | BUSINES | SS F | PHONE | | | | | | | 130. |
| (650) 738-4455 | | | | | | | | (650) | 34 | 18-6840 | | | | | | | 1 |
| 24-HOUR PHONE | | | | 2 | | | 126. | 24-HOUF | R PI | HONE | | | | | | | 131. |
| | | | | | | | | | | | | | | | | | |
| PAGER # | | | | | | | 127. | PAGER # | # | - 11 | | | | | | | 132. |
| | | | | | | | | () | | | | | | | | | |
| ADDITIONAL LOCALLY COLLEC | | | DRMA7 | TION: | | | | | | | | | | | | | 133. |
| Billing Address: 3401 CSM | D | rive | | | | | | | | | | | | | | | |
| Property Owner: San Mateo | C | omr | nuni | ty C | مااور | ne er | | | | | Pho | ne No · (| (650) 57 | 4-6500 |) | - | |
| Troperty Owner. Garriviated | | OIIII | Hulli | ty O | Olic | JC | | | | | - 1 110 | iie 140 <u>(</u> | (000) 01 | 4-0000 | | | 1 |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Certification: Based on my inquiry of am familiar with the information submit | | | | | | | | | | | nder pe | enalty of lav | v that I have | personally | exan | nined | and |
| SIGNATURE OF OWNER/OPERATOR | ₹ OI | R DES | IGNAT | TED R | EPRE: | SENT | ATIVE | DATE | | 134. | | ME OF DOO | CUMENT PR | EPARER | | | 135. |
| NAME OF SIGNER (print) | | | | | | | 136 | TITLE | OF | SIGNER | | - W_ 150 5-54 | | | | | 137. |
| sums = \$7 | | | | | | | | | | | | | | | | | |

Date: 1/1/2011

| | ss Name: S | Skyline College | | | | | | | | | | eport on T ☐ Delete; | his Page: | Page 3 | of 19_er building or area) |
|---------------|--|--------------------------------------|---|-----------------------------|-------------|---------|------------------------|----------------------------------|--------------------------------|-------------------------------|-------------------------|------------------------------|---|--|--|
| (Build | cal Location ings 22, 23 Storage Area) | : Facilities Maintenan 3, and 24) | | CRA Confi ade Secret I | | | tion? Yes; | No F No (A | facility ID # Igency Use Only) | | | - | - | | |
| 1. | 2. | 3. | | 4. | | | | 5. | | 6. | | 7. | | 8. | 9. |
| Haz. Class | Map and Grid or Location Code | Common Name | | zardous Cor (For mixture | | | CAS No. | Type and Physical State | Max. Daily | Quantitio Averago Daily | es Largest Cont. | Units | Storage Storage Pressure | ge Codes Storage Temp. | Hazard Categories |
| FG UR2 | BLDG 22 | Acetylene | | | | | | pure mixture solid liquid | 546 Curies: (If radioactive) | 273 Days On Site: 365 | 273 Storage Container:* | gallons pounds cu. feet tons | ambient > amb. amb. amb. | ambient > amb. < amb. cryogenic | ☐ fire ☐ reactive ☐ pressure release |
| | | 44-86-2 | | | | | 0 | gas gure | | | | gallons | ambient | | radioactive |
| | | Oxygen | | | | | | mixture | 500 | 250 | 250 | pounds cu. feet | > amb. < amb. | | reactive reactive |
| OX | BLDG 22 | CAS No.: ☐ EHS 7782-44-7 | | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: 365 | Storage Container:* | tons | < amb. | cryogenic | pressure release acute health chronic health radioactive |
| | BLDG 23 | Latex Paint | Titanium Dioxide Ethylene Glycol | | 0-30 0-5 | | 13463-67-7 107-21-1 | pure mixture | 70 | 70 | . 15 | gallons pounds | ambient > amb. | ambient > amb. | fire reactive |
| IRR | Paint Room | CAS No.: EHS | | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: 365 | Storage Container:* | cu. feet | < amb. | <amb. cryogenic<="" td=""><td>pressure release acute health chronic health radioactive</td></amb.> | pressure release acute health chronic health radioactive |
| | BLDG 23 | Clorox Bleach | Sodium Hypochlorite Sodium Hydroxide | f (1) | 1-3 | | 7681-52-9 1310-73-2 | pure mixture | 60 | 48 | 1 | gallons pounds cu, feet | ambient > amb. <ahe< td=""><td>ambient > amb.</td><td>fire reactive</td></ahe<> | ambient > amb. | fire reactive |
| COR | Janitorial Storage | CAS No.: EHS | Lauramine Oxide | | 1 | | 1643-20-5 | solid liquid gas | Curies: (If radioactive) | Days On Site: 365 | Storage Container:* | cu, feet | < amb. | <amb. cryogenic<="" td=""><td>chronic health</td></amb.> | chronic health |
| | BLDG 23 | Floor Sealer 1010 | Diethyleneglycol Metl | nylether | <4 | | 111-90-0 | pure mixture | 60 | 55 | 2.5 | gallons pounds | ambient > amb. | ambient > amb. | radioactive fire reactive |
| IRR | Janitorial Storage | CAS No.: EHS | | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: 365 | Storage Container:* | cu. feet | ☐ < amb. | <amb. cryogenic<="" td=""><td>pressure release acute health chronic health radioactive</td></amb.> | pressure release acute health chronic health radioactive |
| FG | BLDG 24 Outside | Liquefied Propane | | | | | | pure mixture | 50 Curies: | 50 Days On | 7 Storage | gallons pounds cu. feet | ambient > amb. amb. camb. | ambient > amb. < amb. | fire reactive pressure release |
| | Storage cage | CAS No.: ☐ EHS 74-98-6 | | | | | | Solid Iiquid gas | (If radioactive) | Site: 365 | Container:* | tons | | cryogenic cryogenic | |
| * Code A | Storage Type Aboveground Ta Belowground Ta | | Code Storage Type G Carboy ic Drum H Silo | 2 J K | Bag | age Typ | М | Storage Type Glass Bottle or | Jug P | Tank W | | If EPC | RA, sign belo |)w: | |
| C | Tank Inside Buil | | I Fiber Drum | L | | nder | N O | Plastic Bottle or Tote Bin | · Jug Q | | | | | | |
| UN- | 020 | | www | v.unidocs.org | | | | | 9 | 7/19 - Rev | . 08/12/08 | | | | |

Date: 01/01/2011

| | ss Name: S | Skyline College | | | | | | | | Type of R | Report on T | his Page: | Page 4 of 1 (One page per bu | |
|-----------------------|--|----------------------------------|--|-------------------------------------|--------------------------------------|-------------------------------|---|-----------------------------------|-------------------------------|-----------------------------|-------------------------------|--|--|---|
| (Buildi | cal Location ngs 22, 23, a | : Facilities Maintenance and 24) | Center | EPCRA Confider Trade Secret Info | | | No I | Facility ID # Agency Use Only) | | | - | | | |
| 1. | 2. | 3. | | 4. | | | 5. | | 6. | | 7. | | 8. | 9. |
| Haz. Class | Map and Grid or Location Code | Common Name | Chemical Name | | | S CAS No. | Type and Physical State | Max. Daily | Quantitie Average Daily | Largest | Units | Storage Storage Pressure | e Codes Storage Temp. | Hazard Categories |
| CG OX | BLDG 24 Outside Storage | Oxygen | | | | | pure mixture | | 600 | 200 | gallons pounds cu. feet | ambient > amb. amb. | ambient > amb. < amb. | fire reactive pressure release |
| | Cage | CAS No.: EHS | b. | | | | ☐ solid ☐ liquid ☑ gas | Curies: (If radioactive) | Days On Site: 365 | Storage Container:* L | tons | | cryogenic | acute health chronic health radioactive |
| CL3B | BLDG 24 Outside | Diesel Fuel No. 2 | | | | | pure mixture | 250 | 250 | 250 | gallons pounds cu. feet | ambient > amb. < amb. | ambient > amb. < amb. | fire reactive |
| | Above ground Storage Tank | CAS No.: EHS 68476-34-6 | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: 365 | Storage Container:* | tons | ☐ < amb. | <amb. cryogenic<="" td=""><td>pressure release acute health chronic health radioactive</td></amb.> | pressure release acute health chronic health radioactive |
| FL 1B | BLDG 24 Outside above | Gasoline | | | | | pure mixture | 750 | 750 | 750 | gallons pounds cu. feet | ambient > amb. | ambient > amb. < amb. | fire reactive pressure release |
| | ground tank | CAS No.: EHS 86290-81-5 | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: 365 | Storage Container: | tons | | cryogenic | acute health chronic health radioactive |
| | | | | | | | pure mixture | | | | gallons pounds cu. feet | ambient > amb. | ambient > amb. < amb. | fire reactive pressure release |
| | | CAS No.: EHS | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container: | tons | amo, | cryogenic | acute health chronic health radioactive |
| | | | | | | | pure mixture | | | | gallons pounds cu. feet | ambient > amb. < amb. | ambient > amb. <ahe< td=""><td>fire reactive pressure release</td></ahe<> | fire reactive pressure release |
| | | CAS No.: EHS | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container: | tons | amo. | cryogenic | reactive pressure release acute health chronic health radioactive |
| | | , | | | | | pure mixture | Coming | D. O. | C4 | gallons pounds cu, feet | ambient > amb. < amb. | ambient > amb. < amb. | fire reactive pressure release |
| | | CAS No.: EHS | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container: | tons | | cryogenic | pressure release acute health chronic health radioactive |
| * Code A B C | Aboveground Ta Belowground Ta Tank Inside Buil | nk E Plastic/Non-metali | Code Storag G Carboy lic Drum H Silo I Fiber I | J K | Storage Ty Bag Box Cylinder | pe <u>Code</u> M N O | Storage Type Glass Bottle or Plastic Bottle o Tote Bin | Jug P | | | If EPC | RA, sign belo | w: | |

Date: 01/01/2011

| | ess Name: S Facility Name or I | Skyline College | | | | | | | | | | Type of F | eport on T | his Page: | Page 5 of 1 (One page per bu | |
|----------------|-----------------------------------|-----------------|---------------|-----------------------|-------------------------------|------------------------|---------|--------------------|-----------------------------------|-----------------------------|---------------------|------------------------|-------------------------|----------------------|---|--|
| Chem (Building | ical Location /Storage Area) | : Building 1 | | | EPCRA Confi Trade Secret I | | | tion? Yes; | No F No Ø | facility ID # | | | 7 | Ī - | | |
| 1. | 2. | 3. | | | 4. | | | | 5. | | 6. | | 7. | | 8. | 9. |
| Haz. | Map and Grid or Location | | | Chemical | Hazardous Cor (For mixture | nponen s only) % | its | | Type and Physical | 1 | Quantitie | | | | ge Codes | |
| Class | Code | Common Na | | Name | | | EHS | CAS No. | State | Daily | Average Daily | Largest Cont. | Units | Storage Pressure | Storage Temp. | Hazard Categories |
| IRR | Building I | SKASOL 6010-C | - | Sodium Hydroxide | | <5% | | 1310-73-2 | pure | 100 | 100 | 100 | gallons | ambient | ambient | fire |
| COR OHH | Boiler Room | | L | Sodium Nitrate | | <60 | | 7632-00-0 | mixture | | | | gallons pounds cu. feet | ☐ > amb. ☐ < amb. | > amb. < amb. | reactive pressure release |
| 01111 | | | | | | | | | solid Iiquid | Curies: (If radioactive) | Days On Site: | Storage Container:* | tons | | cryogenic | acute health |
| | | CAS No.: EF | is | | | | | | gas | 8 | 365 | Е | | | | chronic health |
| | Ì | | | | | - | | | pure | - | - | + | gallons | ambient | ambient | fire |
| | | | - | | | | | | mixture | | | | pounds | > amb. | | reactive |
| | | | | | | | | | solid | Curies: | Days On | Storage | cu. feet | ☐ < amb. | < amb. cryogenic | pressure release acute health chronic health |
| | | CAS No.: EF | IS | | | | | | liquid | (If radioactive) | Site: | Container:* | | | cryogenic | |
| | | | | | | | | | □ gas | | | | | | | radioactive |
| | | | | | | | | | pure mixture | | | | gallons | ambient | ambient | fire |
| | | | - | | | | | | | | | | gallons pounds cu, feet | > amb. < amb. | > amb. < amb. | reactive pressure release |
| | | | | | | | | | solid liquid | Curies: (If radioactive) | Days On Site: | Storage Container: | tons | _ | cryogenic cryogenic | acute health |
| | | CAS No.: EI | is | | | | | - | gas | | | | | | | radioactive |
| | | | | | | <u> </u> | | | pure | | | | gallons | ambient | ambient | |
| | | | - | | | | H | | mixture | | | | pounds | ☐ > amb. | □ > amb. | fire reactive |
| | | | | | | | | | solid | Curies: | Days On | Storage | cu. feet | ☐ < amb. | <amb. cryogenic<="" td=""><td>pressure release acute health</td></amb.> | pressure release acute health |
| | | CAS No.: | IS | | | | | V | liquid gas | (If radioactive) | Site: | Container:* | L tons | | cryogenic | chronic health |
| | | | | | | | | | gas | | | | | | | radioactive |
| | | | | | | | | | pure | | | | gallons | ambient | ambient | fire |
| | | | _ | | - | | | | mixture | | | | gallons pounds cu. feet | > amb. < amb. | > amb. < amb. | reactive pressure release |
| | | CAS No.: EF | | | | | | | solid liquid | Curies: (If radioactive) | Days On Site: | Storage Container:* | tons | | cryogenic cryogenic | acute health chronic health |
| | | CAS No.: EF | - | | | - | | | gas | | | | | | | radioactive |
| | | | | | 10.00 | | | | pure | - | - | - | gallons | ambient | ambient | fire |
| | (8) | | F | | | | | | mixture | | | | pounds | > amb. | □ > amb. | reactive |
| | | | | | | | | | solid | Curies: | Days On | Storage | cu, feet | ☐ < amb. | <amb. cryogenic<="" td=""><td>pressure release acute health</td></amb.> | pressure release acute health |
| | | CAS No.: | IS | | | | | | liquid gas | (If radioactive) | Site: | Container:* | | | cryogenic | chronic health |
| | L | | | | | | | | | | | | | | | radioactive |
| * Cod | e Storage Type Aboveground Ta | nk D Steel I | | Code Storage G Carboy | Type C | ode Stor Bag | age Typ | c <u>Code</u> M | Storage Type Glass Bottle or J | | de Storage Tank Was | | If EPC | RA, sign belo | w: | |
| В | Belowground Ta | | /Non-metallic | | ĸ | | | N | Plastic Bottle or | | Rail Car | , | | | | |
| C | Tank Inside Buil | ding F Can | | I Fiber Dr | um L | Cyli | nder | O | Tote Bin | R | Other | | | | | |

Date: 01/01/2011

| | ss Name: S | kyline College | | | | | | | | Type of | Rep | ort on T | his Page: ⊠ Revise | Page 6 of 1 (One page per be | |
|-----------------------|---|-----------------------------------|--|--------------------------------|---------|----------------------------|--|-----------------------------|-------------------------|--------------------------|-------------|-------------------------------|---|--|--|
| | cal Location | : Building 8-Automotive | EPCRA Cor Trade Secre | | | tion? Yes; | | acility ID # | | | - | | | | |
| 1. | 2. | 3. | 4. | | cion. | | 5. | | 6 | | | 7. | | 8. | 9. |
| | Map and Grid or | | Hazardous C (For mixtu | res only) | ts | | Type and | | Quantiti | | 27 | | princes: | e Codes | Magazi Igra |
| Haz. Class | Location Code | Common Name | Chemical Name | % Wt. | EHS | CAS No. | Physical State | Max. Daily | Average Daily | e Large Cont | | Units | Storage Pressure | Storage Temp. | Hazard Categories |
| FG UR 2 | Building 8 | Acetylene | | | | | pure mixture | 300 | 300 | 100 | | gallons pounds cu. feet | ambient > amb. <ahe< td=""><td>ambient > amb.</td><td>fire reactive pressure release</td></ahe<> | ambient > amb. | fire reactive pressure release |
| | | CAS No.: EHS 74-86-2 | | | | | solid liquid sas | Curies: (If radioactive) | Days On Site: 365 | Storage Containe L | Ιſ | tons | | cryogenic | acute health chronic health radioactive |
| NFG | Building 8 | Nitrogen | | | | | pure mixture | 700 | 700 | 100 | | gallons | ambient > amb. | ambient > amb. | fire reactive |
| | | <u>CAS No.</u> : ☐ EHS 17778-88-0 | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: 365 | Storage Containe L | - 1 1 | pounds cu. feet tons | < amb. | <pre> < amb.</pre> | pressure release acute health chronic health radioactive |
| CG OX | Building 8 | Oxygen | | | | | pure mixture | 600 | 600 | 200 | | gallons pounds cu. feet | ambient > amb. < amb. | ambient > amb. < amb. | fire reactive pressure release |
| | | CAS No.: EHS 7782-44-7 | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: 365 | Storage Containe L | - 1 [| tons | | cryogenic | acute health chronic health radioactive |
| COR OHH | Building 8 | ZEP Flash | Sodium Metasilicate | 65 | | 6834-92-0 7601-54-9 | pure mixture | 90 | 90 | 55 | - 1 [| gallons | ambient > amb. | ambient > amb, < amb. | fire reactive |
| | | | Trisodium Orthophosphate Sodium Carbonate | 15 | | 497-19-8 | ☐ solid | Curies: | Days On | Storage | Ιſ | cu, feet | ☐ < amb. | < amb. cryogenic | pressure release acute health chronic health |
| | | CAS No.: EHS | Sodium Chloride | 10 | | 7647-14-5 | ☐ liquid ☐ gas | (If radioactive) | Site: 365 | <u>Containe</u> E | <u>r</u> ;* | | - | 3000 WWW | chronic health |
| IRR | Building 8 | Zep ID Red | Hexane | 85 | | 110-54-3 | pure | 70 | 70 | 50 | | gallons | ambient > amb. | ambient | fire |
| CLIB | | | Isopropyl Alcohol | 10 | | 67-63-0 | mixture solid | Curies: | Days On | Storage | <u> </u> | pounds cu. feet | > amb. < amb. | > amb. < amb. | reactive pressure release |
| | | CAS No.: EHS | | | | | liquid gas | (If radioactive) | Site: 365 | Containe | r:* L | tons | | cryogenic | acute health chronic health radioactive |
| | | | | | | | pure mixture | | | | | gallons | ambient > amb. < amb. | ambient > amb. | fire reactive |
| | | | | | | | solid | Curies: | Days On | Storage | 1.0 | cu. feet | < amb. | <amb.< td=""><td>pressure release</td></amb.<> | pressure release |
| | | CAS No.: EHS | | | | | liquid gas | (If radioactive) | Site: | Containe | r:* | | | | chronic health |
| * Code A B C | Storage Type Aboveground Ta Belowground Ta Tank Inside Buil | nk E Plastic/Non-metall | Code Storage Type G Carboy ic Drum H Silo I Fiber Drum | Code Store J Bag K Box L Cylin | age Typ | De <u>Code</u> M N O | Storage Type Glass Bottle or J Plastic Bottle or Tote Bin | ug P | | agon | | If EPC | l RA, sign belo | ow: | |

Date: 1/1/2011

| | ess Name: S Facility Name or I | Skyline College | | | | | | | | | A | Тур | e of R | eport on Delete: | This Pa | ge: vise | | of 19 r building or area) |
|----------------------|--|---|---|------|-------------------|-------------|------------------------|----------------------------------|--------------------------------------|--------------------------------|------------------------------------|------------------|--------|-------------------------|----------------|----------------|--|---|
| Chemi (Building | cal Location /Storage Area) | : Building 22 - Facil | ities | | | | ential Location | | ; ⊠ No ; ⊠ No | Facility I | | | п | | | - | | |
| 1. | 2. | 3. | | 4 | 1. | | | 5. | | 6. | | 7 | 7. | 8. | T | 9 | 9. | 10. |
| Haz. Class | Map and Grid or Location Code | Waste Stream Name | Hazar Chemical Name | dous | Compo % Wt. | | | Type and Physical State | Max. Daily | Quantities Average Daily | | Anr Wa Amo | iste | Units | Stora Press | ige | e Codes Storage Temp. | Hazard Categories |
| CL3B IRR | BLDG 22 | Used Oil Management Method: Shipped Off-site Recycled On-site Treated On-site | | | | | 0.10.1.01 | waste solid liquid gas | 55 Curies: (If radioactive) | 55 Days On Site: 365 | 55 Storage Container:* | | 10 | gallons pounds cu. feet | | nbient amb. | ambient > amb. <amb. cryogenic<="" td=""><td>□ reactive □ pressure release □ acute health □ chronic health □ radioactive</td></amb.> | □ reactive □ pressure release □ acute health □ chronic health □ radioactive |
| WR1 | BLDG 22 | Used Lead Acid Batteries Management Method: | Sulfuric Acid Water | | 80 20 | | 7664-93-9 7732-18-5 | | 300 Curies: | 300 Days On | 35 Storage | State | 00 | gallons pounds cu. feet | □ >: | amb. | ambient > amb. < amb. cryogenic | fire reactive pressure release acute health |
| | | ☐ Shipped Off-site ☐ Recycled On-site ☐ Treated On-site | | | | | | ☐ liquid ☐ gas | (If radioactive) | Site: 365 | Container:* R | Waste C | 92 | tons | | | cryogenic | chronic health |
| | | Management Method: Shipped Off-site Recycled On-site Treated On-site | | | | | | waste solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste C | ode: | gallons pounds cu. feet | | | ambient > amb. < amb. cryogenic | fire reactive pressure release acute health chronic health radioactive |
| | | Management Method: Shipped Off-site Recycled On-site Treated On-site | | | | | | waste solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste C | ode: | gallons pounds cu. feet | □ >: | amb. | ambient > amb. <anb. cryogenic<="" td=""><td>fire reactive pressure release acute health chronic health radioactive</td></anb.> | fire reactive pressure release acute health chronic health radioactive |
| | | Management Method: Shipped Off-site Recycled On-site Treated On-site | | | | | | waste solid liquid gas | Curies: (If indioactive) | Days On Site: | Storage Container:* | State Waste C | ode: | gallons pounds cu. feet | > | | ambient > amb. <amb. cryogenic<="" td=""><td>fire reactive pressure release acute health chronic health radioactive</td></amb.> | fire reactive pressure release acute health chronic health radioactive |
| | | Management Method: Shipped Off-site Recycled On-site Treated On-site | | | | | | waste solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste C | ode: | gallons pounds cu. feet | -: | amb. | ambient > amb, < amb, cryogenic | fire reactive pressure release acute health chronic health radioactive |
| * Cod A B C | Aboveground Ta Belowground Ta Tank Inside Buil | nk E Plastic/Nonme | Code Storag G Carboy tallic Drum H Silo I Fiber I | , | | J K L | Bag Box Cylinder | Cod M N O | Glass Bottle Plastic Bottle Tote Bin | or Jug | Code Stora P Tank Q Rail C R Other | Wagon Car | | If EP | CRA, sig | n belo | w: | |

| Busines (Same as F | ss Name: S acility Name or D | kyline College | | | | | | | | | Ty | pe of | Repo | rt on T | his Page: | Page 8 (| | | a) |
|-----------------------|---------------------------------|---|------------------|-----------|---------------------|----------------|-------------------------------|---|---------------------|------------------------|-----------------|-------|-------------------|--------------------|--|------------------|--------|----------------------|----------------------|
| | cal Location | : Building 1 | | | | ntial Location | on? Yes | ; ⊠ No ; ⊠ No | Facility 1 | | | | - | | - | | | | |
| 1. | 2. | 3. | | 4. | CI CC IIII | , macrons | 5. | , 23110 | 6. | | 7- | 7. | \top | 8. | | 9. | 一 | 10. | .— |
| | Map and Grid or | | Hazard | ous Comp | onents | | Type and | | Quantities | S | Ar | nual | | | Storag | ge Codes | | | |
| Haz. Class | Location Code | Waste Stream Name | Chemical Name | % Wt. | EHS | CAS No. | Physical State | Max. Daily | Average Daily | Largest Cont. | W | aste | 1 | Units | Storage Pressure | Storage Temp. | | Haza | 50119710 |
| FL1B | BLDG I | Waste Flammable | Latex Paint | 35 | | | | 5 | 5 | 5 | 10 | | | | ambient | ambient | | fire reactive | |
| | Room 1302 | Liquids (Solvents, Paints) | Alkyd Paint | 35 | | | | | | | | | | pounds cu. feet | > amb. < amb. | > amb. < amb. | - 13 | T procesure | o rolongo |
| | | Management Method: | Paint Thinner | 30 | | | solid | Curies: | Days On | Storage | State Waste | C- 1 | 7 - | tons | | cryogeni | С | acute he | ealth health |
| | | Shipped Off-site Recycled On-site ■ | | | | | gas | (If radioactive) | Site: 365 | Container:* | 212, | | | | | | | radioact | tive |
| | DIRGI | ☐ Treated On-site | | | | | | | | ļ | | | | | <u> </u> | | | | |
| C 2 | BLDG 1 Room | Waste Rags | Debris | 99 | | 2052 41 2 | | 30 | 30 | 30 | 60 | | | gallons | ambient > amb. | ambient > amb. | | fire reactive | e |
| | 1302 | Management Method: | Stoddard Solvent | 11 | | 3052-41-3 | ⊠ solid | Curies: | Days On | Storage | State | | 4 🖺 | cu. feet | ☐ < amb. | | | T | |
| | | Shipped Off-site | | | 15 | | solid liquid | (If radioactive) | Site: | Container:* | Waste 213 | Code: | | tons | | cryogeni | c | acute he | ealth health |
| | | ☐ Recycled On-site ☐ Treated On-site | | | | | gas | | 365 | D | 213 | | | | | 70 | | radioact | tive |
| | 41 | | | | | | | | | | | | T | gallons | ambient | ambient | 寸 | fire | |
| | | | | | | | | | | | | | _ - | pounds cu. feet | > amb. | > amb. < amb. | | reactive | e re release |
| | | Management Method: ☐ Shipped Off-site | | | | | solid liquid | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste | Code: | | tons | | cryogeni | с | acute he | ealth |
| | | ☐ Recycled On-site | | | | | gas | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | | chronic radioact | |
| | | ☐ Treated On-site | | | 무 | | waste | | - | - | | | + | gallons | ambient | ambient | + | | |
| | | | | | + + + | | ∐ waste | | | | | | | pounds | | > amb. | | fire reactive | e |
| | | Management Method: | | | | | solid | Curies: | Days On | Storage | State | | \dashv \vdash | cu. feet tons | ☐ < amb. | < amb. cryogeni | 6 | pressure acute he | re release ealth |
| | | ☐ Shipped Off-site ☐ Recycled On-site | | | | | ☐ liquid ☐ gas | (If radioactive) | Site: | Container:* | Waste | Code: | - | tons | | cryogeni | | chronic | c health |
| | | ☐ Treated On-site | | | | | gas | | | | | | | | | | | radioact | tive |
| | | | | | | | waste | | | | | | F | gallons pounds | ambient > amb. | ambient | | fire reactive | |
| | | Management Method: | | | | | □ aalid | Constant | D | C1 | Circle | | _ 🖺 | cu. feet | <amb.< td=""><td>☐ < amb.</td><td></td><td>pressure</td><td>re release</td></amb.<> | ☐ < amb. | | pressure | re release |
| | | ☐ Shipped Off-site | | | | | solid liquid | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste | Code: | | tons | | cryogeni | С | acute he | will receive the |
| | | ☐ Recycled On-site ☐ Treated On-site | | | | | gas | | | | | | | | | | | radioact | |
| | | I Treated on site | | | | | waste | | 1 | † | - | | \dashv | gallons | ambient | ambient | + | fire | |
| | | | | | 1=1 | | | | | - | | | JE | pounds | > amb. | > amb. < amb. | | reactive | - |
| | | Management Method: | | | | | solid | Curies: | Days On Site: | Storage | State | Code: | 1 = | cu, feet tons | | cryogeni | ic | acute he | re release lealth |
| | | ☐ Shipped Off-site ☐ Recycled On-site | | | | | liquid gas | (If radioactive) | Site: | Container:* | waste | Code: | | | | | | chronic radioact | |
| y Cal | ☐ Treated On-site | | C-1- 61 | Tours | | C4 | | | | | 1 | | \perp | | | | \bot | radioact | uve |
| * Code A | Storage Type Aboveground Ta | Code Storage G Carboy | Lype | Code J | Storage Type Bag | Cod M | e Storage Tyr Glass Bottle | | Code Stor P Tank | age Type Wagon | 2 | | If EPC | RA, sign belo | ow: | | | | |
| В | Belowground Ta | | | | K | Box | N | Plastic Bottle | • | Q Rail | a consideration | | | | | | | | |
| C | Tank Inside Buil | ding F Can | I Fiber Dr | um | L | Cylinder | 0 | Tote Bin | | R Othe | r | | | - | | | | | |

| | ess Name: S Facility Name or I | Skyline College | | | | | | | | | | Type | e of R | epor | t on T Delete; | his Page: ⊠ Revise | Pa | age 9 of | | r area) | |
|-----------------------|---|---|------------------|-------------------------------|----------|-----------------------|---------------|------------------------------|-----------------------------|-------------------------|-----------------------------|--------------------------|--------|------|-------------------------------|-----------------------|--|---|----------|--|--------------------|
| | ical Location g/Storage Area) | : Building 2 | | | | | ntial Locatio | on? Yes | ; ⊠ No ; ⊠ No | Facility | | | | | | - | | | | | |
| 1. | 2. | 3. | | | 4. | | | 5. | | 6. | 9 | 7. | | | 8. | | 9. | | | 10. | |
| | Map and Grid or | | Н | azardou | s Compo | nents | | Type and | | Quantities | S | Ann | ual | | | Stora | ge C | Codes | | | |
| Haz. Class | Location Code | Waste Stream Name | Chemical Name | | % Wt. | EHS | CAS No. | Physical State | Max. Daily | Average Daily | Largest Cont. | Wa: | ste | ι | Jnits | Storage Pressure | | Storage Temp. | | lazaro tegori | |
| IRR | Bld I Room | Waste Fixer Solution | | | | | | ⊠ waste | 30 | 30 | 30 | 180 | | | gallons pounds | ambient > amb. | | ambient > amb. | | active | |
| | 2112 | Management Method: ☐ Shipped Off-site ☐ Recycled On-site ☐ Treated On-site | * | | | | | □ solid ⊠ liquid □ gas | Curies: (If radioactive) | Days On Site: 365 | Storage Container:* E | State Waste Co 541 | ode: | | cu. feet tons | ☐ < amb. | | <amb. cryogenic<="" td=""><td>ac ch</td><td>ressure re cute healt nronic he adioactiv</td><td>lth ealth</td></amb.> | ac ch | ressure re cute healt nronic he adioactiv | lth ealth |
| | | - | 1 | | | | 7 | waste | | | | | | | gallons pounds cu. feet | ambient > amb. | | ambient > amb. | | re eactive ressure re | |
| | | Management Method: ☐ Shipped Off-site ☐ Recycled On-site ☐ Treated On-site | | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste Co | ode: | | tons | ☐ < amb. | ֓֞֞֞֜֞֜֞֜֞֜֞֜֜֞֓֓֓֓֓֓֓֓֜֜֜֜֜֓֓֓֓֓֓֓֓֜֜֜֜֜֡֓֓֓֡ | cryogenic | ac ch | cute heal pronic he adioactiv | lth ealth |
| | | 9 | | | | | | | | | | | | | gallons pounds cu. feet | ambient > amb. | | ambient > amb. < amb. | l pr | re eactive ressure re | release |
| | | Management Method: ☐ Shipped Off-site ☐ Recycled On-site ☐ Treated On-site | | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste Co | ode: | | tons | | Ì | cryogenic | ac ch | cute heal bronic he adioactiv | lth ealth |
| | | | | | | | 4 | | | | | | | | gallons pounds cu. feet | ambient > amb. | | ambient > amb. < amb. | | eactive | 0.00 . 0.00 |
| | | Management Method: ☐ Shipped Off-site ☐ Recycled On-site ☐ Treated On-site | | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste Co | ode: | | tons | ☐ < amb. | | cryogenic | ac | ressure re cute heal bronic he adioactiv | lth ealth |
| | | | _ | | | | | ⊠ waste | | | | | | | gallons pounds cu. feet | ambient > amb. | | ambient > amb. < amb. | | re eactive ressure re | ralaara |
| | | Management Method: ☐ Shipped Off-site ☐ Recycled On-site ☐ Treated On-site | | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste Co | ode: | | tons | < amo. | ֓֞֞֞֜֞֜֞֜֜֞֜֜֞֜֜֜֜֜֜֜֜֓֓֓֓֜֜֜֜֜֜֜֜֓֓֓֓֓֜֜֜֜֜֡ | cryogenic | ac ch | cute heal hronic he ndioactiv | lth ealth |
| | | | | | | | | | | | | | | | gallons pounds cu. feet | ambient > amb. | | ambient > amb. < amb. | | re eactive ressure r | |
| | | Management Method: ☐ Shipped Off-site ☐ Recycled On-site ☐ Treated On-site | | H | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste Co | ode: |] | tons | < amb. | | cryogenic | ac ci | ressure re cute heal hronic he ndioactiv | lth ealth |
| * <u>Co</u> A B | de Storage Type Aboveground Ta Belowground Ta | | G | Storage Typ Carboy Silo | 2 | <u>Code</u> J K | Bag Box | Cod M N | Glass Bottle Plastic Bottle | or Jug | P Tank O Rail | Wagon | | 7 | If EPC | RA, sign bel | low: | | | | |
| C | Tank Inside Bui | | | Fiber Drum | | L | Cylinder | 0 | Tote Bin | | R Othe | | | , | | | | | | | _ |

| | ss Name: S | Skyline College | | | | | | | | | Ty | pe of F | Report on | This | Page: | Page 10 | of 19 building or area) |
|---------------------|--|---|--|-----------|---------------|------------------------|------------------------|-----------------------------|-------------------------|--------------------------------|-------------------------|--------------|---|-------|---|-------------------------------------|--|
| Chemi (Building/ | cal Location | : Building 8 Automotiv | ve | | | ential Location | | s; 🛮 No s; 🖾 No | Facility (Agency Use | | | / tuu, | - | | - | | |
| 1. | 2. | 3. | | 4. | | | 5. | , 2110 | 6. | | - | 7. | 8. | _ | | 9. | 10. |
| | Map and Grid or | | Hazaro | dous Comp | onents | | Type and | | Quantitie | s | An | nual | | | Stora | ge Codes | |
| Haz. Class | Location Code | Waste Stream Name | Chemical Name | % Wt. | EHS | CAS No. | Physical State | Max. Daily | Average Daily | Largest Cont. | W | aste ount | Units | 255.5 | torage ressure | Storage Temp. | Hazard Categories |
| IRR OHH | Building 8 | Used Brake Fluid | | | | | | 30 | 30 | 30 | 30 | | gallons pounds cu. feet | | ambient > amb. | ambient > amb. | fire reactive |
| | | Management Method: ☑ Shipped Off-site ☐ Recycled On-site ☐ Treated On-site | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: 365 | Storage Container:* E | State Waste 6 223 | Code: | cu, feet | | <amb.< td=""><td><pre> < amb.</pre></td><td>pressure release acute health chronic health radioactive</td></amb.<> | <pre> < amb.</pre> | pressure release acute health chronic health radioactive |
| CL3B IRR | Building 8 | Used Oil | | | | | | 440 | 440 | 440 | 440 | | gallons pounds cu, feet | | ambient > amb. | ambient > amb. | fire reactive |
| | | Management Method: ⊠ Shipped Off-site □ Recycled On-site □ Treated On-site | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: 365 | Storage Container:* E | State Waste 6 221 | Code: | tons | | | ☐ < amb. ☐ cryogenic | pressure release acute health chronic health radioactive |
| CL3B IRR | Building 8 - Outside | Waste Flammable Liquids | Ethylene Glycol | 50 | | 107-21-1 | | 55 | 55 | 55 | 110 | | gallons pounds cu. feet | | ambient > amb. | ambient > amb. | fire reactive |
| | cabinet | Management Method: ☑ Shipped Off-site ☐ Recycled On-site ☐ Treated On-site | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: 365 | Storage Container:* E | State Waste 6 214 | Code: | tons | | ☐ < amb. | <pre> < amb.</pre> | pressure release acute health chronic health radioactive |
| IRR | Building 8 | Waste Parts Cleaner | Soap | 33 | | | | 65 | 65 | 30 | 125 | | gallons | E | ambient > amb. | ambient > amb. | fire reactive |
| | | Management Method: ☑ Shipped Off-site ☐ Recycled On-site ☐ Treated On-site | Water | 33 | | | solid liquid gas | Curies: (If radioactive) | Days On Site: 365 | Storage Container:* N | State Waste 6 561 | Code: | cu. feet | | ☐ < amb. | <pre> < amb. cryogenic</pre> | pressure release acute health chronic health radioactive |
| IRR | Building 8 | Waste Solids (Used Oil Filters) | Solid Debris Oil | 95 5 | | | | 55 | 55 | 55 | 110 | | gallons pounds cu. feet | | ambient > amb. <ahe-amb.< td=""><td>ambient > amb. < amb.</td><td>fire reactive pressure release</td></ahe-amb.<> | ambient > amb. < amb. | fire reactive pressure release |
| | | Management Method: ☐ Shipped Off-site ☐ Recycled On-site ☐ Treated On-site | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: 365 | Storage Container:* D | State Waste 6 221 | Code: | tons | | 」 < amb. | cryogenic | |
| | | | | | | | waste | | | | | | gallons pounds cu. feet | E | ambient > amb. < amb. | ambient > amb. < amb. | fire reactive pressure release |
| | | Management Method: ☐ Shipped Off-site ☐ Recycled On-site ☐ Treated On-site | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste | Code: | tons | | | cryogenic | |
| * Code A B | Storage Type Aboveground Ta Belowground Ta | | Code Storage G Carboy tallic Drum H Silo | | Cod J K | e Storage Type Bag Box | Cod M N | Glass Bottle Plastic Bottl | or Jug | Code Stor: P Tank Q Rail | Wagon | | If EP | CRA, | sign bel | ow: | |
| C | Tank Inside Buil | | I Fiber D | rum | L | Cylinder | o | Tote Bin | o sug | R Othe | | | *************************************** | | | | |

| | ss Name: S | kyline College | | | 18 | | | | | | | Type of R | Report on T | his Page: | Page 11 o | |
|---------------|----------------------------------|---|--------------------|------------|----------|---|----------------|-----------------------------|--------------------------------|-------------------------|-----------------------------|-----------------------------|-----------------|---------------------|--|---|
| | cal Location Storage Area) | : Building 10 | | 7967-557 | | | ntial Location | on? Yes | ; ⊠ No ; ⊠ No | Facility 1 | | | | | | |
| 1. | 2. | 3. | | | 4. | ~ = = = = = = = = = = = = = = = = = = = | | 5. | | 6. | | 7. | 8. | | 9. | 10. |
| | Map and Grid or | 53 | | Hazardou | s Compo | nents | | Type and | (| Quantities | S | Annual | | Storag | e Codes | |
| Haz. Class | Location Code | Waste Stream Name | Chemical Name | | % Wt. | | CAS No. | Physical State | Max. Daily | Average Daily | Largest Cont. | Waste Amount | Units | Storage Pressure | Storage Temp. | Hazard Categories |
| IRR | Building 10 | Hot Caustic Cleaner (Water, Oil) | Oil | | 15 | | | waste waste | 100 | 100 | 100 | 200 | gallons | ambient > amb. | ambient > amb. | fire reactive |
| | 10 | Management Method: | Water | | 85 | 믞 | | solid | Contant | Davis On | Stanzas | Ctata | cu. feet | □ < amb. | ☐ < amb. | pressure release |
| | | Shipped Off-site ☐ Recycled On-site ☐ Treated On-site | | | | | | ⊠ liquid □ gas | Curies: (If radioactive) | Days On Site: 365 | Storage Container:* R | State Waste Code: 222 | tons | * | cryogenic | acute health chronic health radioactive |
| | | | | | | | | waste | | | | | gallons | ambient | ambient | fire |
| | | | | | | | | | | | | | pounds cu. feet | ☐ > amb. ☐ < amb. | > amb, < amb, | reactive pressure release |
| | | Management Method: ☐ Shipped Off-site ☐ Recycled On-site ☐ Treated On-site | | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste Code: | tons | | cryogenic | acute health chronic health radioactive |
| | | | | | | a | | waste | | | | | gallons | ambient | ambient | fire |
| | | | | | | | | | | | | | pounds cu. feet | > amb. | > amb. < amb. | reactive pressure release |
| | | Management Method: ☐ Shipped Off-site ☐ Recycled On-site | | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste Code: | tons | amo. | cryogenic | acute health chronic health radioactive |
| | | ☐ Treated On-site | | | | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | | | gallons pounds | ambient > amb. | ambient > amb. | fire reactive |
| | | Management Method: | | | | | | solid | Curies: | Days On | Storage | State | cu. feet | ☐ < amb. | <amb. cryogenic<="" td=""><td>pressure release</td></amb.> | pressure release |
| | | ☐ Shipped Off-site ☐ Recycled On-site | | | | | | ☐ liquid ☐ gas | (If radioactive) | Site: | Container:* | Waste Code: | | | cryogenie | chronic health |
| | | ☐ Treated On-site | | | | | | Accorded | | | | | | | | radioactive |
| | | | | | - | 뮈 | | ☐ waste | | | | | gallons | ambient > amb | ambient > amb. | fire reactive |
| | | Management Method: | | | | 믐 | | □ solid | Curies: | Days On | Storage | State | cu, feet | > amb. < amb. | ☐ < amb. | pressure release |
| | | ☐ Shipped Off-site | | | | \exists | | solid liquid | (If radioactive) | Site: | Container:* | Waste Code: | tons | | cryogenic | acute health chronic health |
| | | ☐ Recycled On-site ☐ Treated On-site | | | | | | gas | | | | | | | | radioactive |
| | | | | | | | | waste | | | | | gallons | ambient | ambient | fire |
| | | | | | 무 | | | | | | | pounds cu. feet | > amb. < amb. | > amb. < amb. | reactive pressure release | |
| | | Management Method: Shipped Off-site | | | | | solid liquid | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste Code: | tons | | cryogenic | acute health | |
| | | Recycled On-site Treated On-site | | | + | | gas | | | | | | | | radioactive | |
| | Storage Type | Code Storage Type | ode Storage Tyr | oe e | Code | | | e Storage Typ | | Code Stor | | If EPC | RA, sign belo | ow: | | |
| A B | Aboveground Ta Belowground Ta | | G tallic Drum H | | | J K | Bag Box | M N | Glass Bottle Plastic Bottle | | P Tank Q Rail | : Wagon Car | | | | |
| C | Tank Inside Buil | | I | Fiber Drum | | L | Cylinder | 0 | Tote Bin | eneralis Tuto 😅. | R Othe | | | | | |

| | ss Name: S | kyline College | | | | | | | | | | Ту | pe of | Rep | ort on T | his Page: | Page 12 o | or area) | |
|-----------------------|---|---|---------------------------|--|----------|---------------------------|------------------------|-----------------------------|--------------------------------------|-------------------------|------------------------------------|-----------------------|---------------|----------|---|----------------------|--|--|-------------|
| Chemi (Building/ | cal Location Storage Area) | : Building 11 Automot | ive | | | | lential Location | on? Yes | ; 🛭 No ; 🖾 No | Facility I | | | | - | | | | | |
| 1. | 2. | 3. | | | 4. | | | 5. | | 6. | | | 7. | | 8. | | 9. | 10. | |
| | Map and Grid or | | | Hazardo | ous Comp | onent | s | Type and | | Quantities | 5 | Ar | ınual | | | Storag | e Codes | | |
| Haz. Class | Location Code | Waste Stream Name | Chemica Name | al . | | EHS | CAS No. | Physical State | Max. Daily | Average Daily | Largest Cont. | W | aste nount | | Units | Storage Pressure | Storage Temp. | Hazard ategori | |
| IRR | Building 11 | Hot Caustic Cleaner (Water, Oil) | Oil Water | | 15 | | | | 65 | 65 | 65 | 200 | | | gallons | ambient > amb. | ambient > amb. | ire eactive | |
| | | Management Method: Shipped Off-site Recycled On-site Treated On-site | water | | 85 | | | solid Siquid gas | Curies: (If radioactive) | Days On Site: 365 | Storage Container:* R | State Waste 222 | Code: | | cu. feet tons | ☐ < amb. | <amb. cryogenic<="" td=""><td>pressure re acute healt chronic he adioactive</td><td>th ealth</td></amb.> | pressure re acute healt chronic he adioactive | th ealth |
| | | | | | | | | waste | | | | | | | gallons | ambient > amb. | ambient > amb. | ire eactive | |
| | | Management Method: Shipped Off-site Recycled On-site Treated On-site | | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste | Code: | | cu. feet tons | < amb. | cryogenic | oressure re acute healt chronic he adioactive | th ealth |
| | | | | | | | | ☐ waste | | | | | | | gallons pounds cu. feet | ambient > amb. | ambient > amb. | ire eactive pressure re | alassa |
| | | Management Method: Shipped Off-site Recycled On-site Treated On-site | | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste | Code: | | tons | < amo. | cryogenic | cute healt chronic he adioactive | th ealth |
| | | | | | | | - | waste | | | | | | | gallons pounds cu. feet | ambient > amb. | ambient > amb. < amb. | ire eactive pressure re | |
| | | Management Method: Shipped Off-site Recycled On-site Treated On-site | | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste | Code: | | tons | ☐ < amb. | cryogenic | oressure re acute healt chronic he adioactive | th ealth |
| = | | | | | | | | ☐ waste | | | | | | Î | gallons pounds | ambient > amb. | ambient > amb. | ire eactive | |
| | | Management Method: Shipped Off-site Recycled On-site Treated On-site | d Off-site led On-site | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste | Code: | | cu. feet | ☐ < amb. | <pre> < amb.</pre> | oressure re acute healt chronic he adioactive | th ealth |
| | | | | | | | | waste | | | | | | | gallons | ambient > amb. | ambient > amb. | ire reactive | |
| | | Management Method: Shipped Off-site Recycled On-site Treated On-site | | | | | solid liquid gas | Curies: (If radioactive) | Days On Site: | Storage Container:* | State Waste | Code: | | cu. feet | <amb.< td=""><td>☐ < amb. ☐ cryogenic</td><td>oressure re acute healt chronic he radioactive</td><td>th ealth</td></amb.<> | ☐ < amb. ☐ cryogenic | oressure re acute healt chronic he radioactive | th ealth | |
| * Code A B C | Aboveground Ta Belowground Ta Tank Inside Build | nk E Plastic/Nonmet | allic Drum | Code Storage T G Carboy H Silo I Fiber Dru | | <u>C</u> c J K L | Bag Box Cylinder | Cod M N O | Glass Bottle Plastic Bottle Tote Bin | or Jug | Code Stora P Tank Q Rail C R Other | Wagon Car | 2 | | If EPC | RA, sign belo | ow: | | |

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).

| WI | iom | i special (i.e., contractual) emergency services arrangements have been in | ade (see section 3, below). | |
|------|-------------|--|--|--|
| 1. | | Evacuation Plan: | | |
| | a. | The following alarm signal(s) will be used to begin evacuation of the fact | lity (check all that apply): | |
| | | ☐ Bells; ☐ Horns/Sirens; ☐ Verbal (i.e., shouting); ☐ Other (specifical description) | 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. | | |
| No | ote: | A properly completed HMBP Site Plan satisfies contingency plan map reshows primary and alternate evacuation routes, emergency exits, prominently posted throughout the facility in locations where it will be very | and primary and alternate staging areas) must be | |
| 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 | | |
| | | 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 at Emergency Resources: | e available at www.unidocs.org. | |
| | c. | Poison Control Center* | Phone No.: (800) 876-4766 | |
| | | Nearest Hospital: Name: Kaiser Permanente | | |
| | | Address: 1200 El Camino Real | City: South San Francisco | |
| 3. | | Arrangements With Emergency Responders: | | |
| If y | you al e | have made special (i.e., contractual) arrangements with any police department response team to coordinate emergency services, describe those | tment, fire department, hospital, contractor, or State or e arrangements below: | |
| - | | | | |
| | | | | |
| | - | | | |

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4. **Emergency Procedures:**

Emergency Coordinator Responsibilities:

Whenever there is an imminent or actual emergency situation such as a explosion, fire, or release, the emergency coordinator (or his/her designee when the emergency coordinator is on call) shall:

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.

Notify appropriate local authorities (i.e., call 911).

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.

Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:

- Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that
- results from a explosion, fire, or release at the facility.

 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.

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

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. | 2. | 3. | 4, |
|--|---|----------------------|--|
| Equipment | Equipment | - | 8 |
| Category | Type | Locations * | Description** |
| Personal | Cartridge Respirators | | • |
| Protective | Chemical Monitoring Equipment (describe) | | |
| Equipment, | Chemical Protective Aprons/Coats | | |
| Safety | Chemical Protective Boots | | |
| Equipment, | Chemical Protective Gloves | 1 | , |
| and | Chemical Protective Suits (describe) | <u> </u> | |
| First Aid | Face Shields | | |
| Equipment | First Aid Kits/Stations (describe) | Campus wide | Basic first aid supplies |
| Equipment | Hard Hats | Campus wide | Busic instala supplies |
| | ☐ Plumbed Eye Wash Stations | Chemical | |
| | M Fluitibed Eye wash stations | labs, | |
| | | automotive | |
| | | areas | |
| | Portable Eye Wash Kits (i.e., bottle type) | Vehicle wash | |
| | Follable Eye wash Kits (i.e., bothe type) | facility | |
| | Respirator Cartridges (describe) | laomity | |
| | Safety Glasses/Splash Goggles | Used in areas | |
| | Salety Glasses/Spiasii Goggies | where | |
| | | chemicals are | |
| | | utilized | |
| 8 | | Chemistry | |
| 11 | Successioners | labs | |
| | Self-Contained Breathing Apparatuses (SCBA) | | |
| | Other (describe) | | a contract of the second secon |
| Fire | ☐ Automatic Fire Sprinkler Systems | Campus wide | |
| Extinguishing | Fire Alarm Boxes/Stations | Campus wide | |
| Systems | Fire Extinguisher Systems (describe) | Campas was | |
| Systems | Fire Extinguishers (describe) | Campus wide | |
| | Other (describe) | Campas wac | |
| Spill | Absorbents (describe) | | |
| Control | Berms/Dikes (describe) | Fuel Storage | |
| Control | Bellis/Dikes (describe) | Tank | |
| Equipment | Decontamination Equipment (describe) | Tank | |
| and | Emergency Tanks (describe) | | |
| Decontamination | Exhaust Hoods | | |
| The major to written a State of the second o | | | |
| Equipment | Gas Cylinder Leak Repair Kits (describe) Neutralizers (describe) | | |
| | | | |
| | Overpack Drums | | |
| | Sumps (describe) | - | |
| | Other (describe) | - | |
| Communications | Chemical Alarms (describe) | Communication | |
| and | ☑ Intercoms/ PA Systems | Campus wide | |
| Alarm | ☑ Portable Radios | | |
| Systems | ⊠ Telephones | Campus wide | |
| | ☐ Tank Leak Detection Systems | Facilities Fuel tank | |
| | Other (describe) | | |

| Additional | |
|---|--|
| Equipment (Use Additional Pages if Needed.) | |
| (Use Additional | |
| Pages if Needed.) | |
| | |
| | |

* 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:

| ☐ Internal alarm/notification * | |
|---|---------------------------|
| Evacuation/re-entry procedures & assembly point locations* | |
| | |
| External emergency response organization notification | |
| □ Location(s) and contents of Emergency Response/Contingency Plan | 1 |
| Facility evacuation drills, that are conducted at least (specify): Annually | (e.g., "Quarterly", etc.) |

2. Chemical Handlers are additionally trained in the following:

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

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

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

Record Keeping

(Hazardous Materials Business Plan Module)

Page 18 of 19

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.]:

| | Current employees' training records (to be retained until closure of the facility) * |
|-------------|--|
| | Former employees' training records (to be retained at least three years after termination of employment) * |
| \boxtimes | Training Program(s) (i.e., written description of introductory and continuing training) * |
| | Current copy of this Emergency Response/Contingency Plan * |
| | Record of recordable/reportable hazardous material/waste releases * |
| | Record of hazardous material/waste storage area inspections * |
| | Record of hazardous waste tank daily inspections * |
| | 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:

We will use the Unidocs "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.

We will use our own documents to record inspections. (A blank copy of each document used must be attached to this HMBP.)

