This sample consolidated Contingency Plan and Inventory is provided to assist small businesses in accurately completing the Unified Program Forms. The consolidated Contingency Plan and Inventory form (OES 2731) should be completed to reflect your particular business operation. The suggested answers in this sample document are provided for reference only.
### I. FACILITY IDENTIFICATION

**FACILITY ID #**

**BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)**

**My company**

**EPA ID # (Hazardous Waste Only)**

**CAL 000000000**

---

### II. ACTIVITIES DECLARATION

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

<table>
<thead>
<tr>
<th>Does your facility...</th>
<th>If Yes, please complete these pages of the UP FORM...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. HAZARDOUS MATERIALS</strong></td>
<td></td>
</tr>
<tr>
<td>Have on site (for any purpose) 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?</td>
<td>☒ YES ☐ NO 4</td>
</tr>
<tr>
<td><img src="image" alt="4 HAZARDOUS MATERIALS INVENTORY" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 CONSOLIDATED CONTINGENCY PLAN" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 TRAINING PLAN" /></td>
<td></td>
</tr>
<tr>
<td><strong>B. UNDERGROUND STORAGE TANKS (USTs)</strong></td>
<td></td>
</tr>
<tr>
<td>Own or operate underground storage tanks?</td>
<td>☐ YES ☐ NO 5</td>
</tr>
<tr>
<td><img src="image" alt="4 UST FACILITY" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 UST TANK" /></td>
<td></td>
</tr>
<tr>
<td>Intend to upgrade existing or install new USTs?</td>
<td>☐ YES ☐ NO 6</td>
</tr>
<tr>
<td><img src="image" alt="4 UST FACILITY" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 UST TANK" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 UST INSTALLATION - CERTIFICATE OF COMPLIANCE" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 UST TANK" /></td>
<td></td>
</tr>
<tr>
<td>Need to report closing a UST?</td>
<td>☐ YES ☐ NO 7</td>
</tr>
<tr>
<td><img src="image" alt="4 UST TANK" /></td>
<td></td>
</tr>
<tr>
<td><strong>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</strong></td>
<td></td>
</tr>
<tr>
<td>Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?</td>
<td>☐ YES ☐ NO 8</td>
</tr>
<tr>
<td><img src="image" alt="NO FORM REQUIRED TO CUPAs" /></td>
<td></td>
</tr>
<tr>
<td><strong>D. HAZARDOUS WASTE</strong></td>
<td></td>
</tr>
<tr>
<td>Generate hazardous waste?</td>
<td>☒ YES ☐ NO 9</td>
</tr>
<tr>
<td><img src="image" alt="4 EPA ID NUMBER" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 As a generator, answer YES to Item E2b and complete Waste Generator Form." /></td>
<td></td>
</tr>
<tr>
<td>Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?</td>
<td>☐ YES ☐ NO 10</td>
</tr>
<tr>
<td><img src="image" alt="4 RECYCLABLE MATERIALS REPORT" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 ONSITE HAZARDOUS WASTE TREATMENT - FACILITY" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 ONSITE HAZARDOUS WASTE TREATMENT - UNIT" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 CERTIFICATION OF FINANCIAL ASSURANCE" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION" /></td>
<td></td>
</tr>
<tr>
<td>Treat hazardous waste on site?</td>
<td>☐ YES ☐ NO 11</td>
</tr>
<tr>
<td><img src="image" alt="4 ONSITE HAZARDOUS WASTE TREATMENT" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 ONSITE HAZARDOUS WASTE TREATMENT" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 CERTIFICATION OF FINANCIAL ASSURANCE" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION" /></td>
<td></td>
</tr>
<tr>
<td>Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?</td>
<td>☐ YES ☐ NO 12</td>
</tr>
<tr>
<td><img src="image" alt="4 CERTIFICATION OF FINANCIAL ASSURANCE" /></td>
<td></td>
</tr>
<tr>
<td>Consolidate hazardous waste generated at a remote site?</td>
<td>☐ YES ☐ NO 13</td>
</tr>
<tr>
<td><img src="image" alt="4 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION" /></td>
<td></td>
</tr>
<tr>
<td>Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?</td>
<td>☐ YES ☐ NO 14</td>
</tr>
<tr>
<td><img src="image" alt="4 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="4 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION" /></td>
<td></td>
</tr>
</tbody>
</table>

### E. LOCAL REQUIREMENTS

**1. REGULATED SUBSTANCES**

Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP)?

**YES ☐ NO 15a**

In addition to Hazardous Materials requirements, complete:

- Regulated Substance Registration
- Risk Management Plan (when required)

**2. OTHER REQUIREMENTS**

a. Have hazardous materials stored on site at or above a threshold amount established by a CUPA’s or PA’s local ordinance?

**YES ☐ NO 15b**

- Consult local CUPA or PA for added reporting requirements.

b. Required by a CUPA or PA to provide other information?

**YES ☐ NO 15c**

- Waste Generator Form (LA County)
**UNIFIED PROGRAM (UP) FORM**

**BUSINESS OWNER/OPERATOR IDENTIFICATION (Form 2730)**

**I. IDENTIFICATION**

<table>
<thead>
<tr>
<th>FACILITY ID#</th>
<th>BEGINNING DATE</th>
<th>ENDING DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2003/01/01</td>
<td>2003/12/31</td>
</tr>
</tbody>
</table>

**Business Name**

| My Company |

**Business Site Address**

| 123 Any Street |

**City**

| Any Town |

**State**

| CA |

**ZIP Code**

| 90000 |

**Dun & Bradstreet**

| 0000 |

**SIC Code**

| 0000 |

**County**

| Los Angeles |

**Business Operator Name**

| John Smith |

**Business Operator Phone**

| (111) 111-1111 |

**II. BUSINESS OWNER**

**Owner Name**

| John Smith |

**Owner Phone**

| (111) 111-1111 |

**Owner Mailing Address**

| 456 Other Street |

**City**

| Any Town |

**State**

| CA |

**ZIP Code**

| 90000 |

**III. ENVIRONMENTAL CONTACT**

**Contact Name**

| S.A.A. |

**Contact Phone**

| S.A.A. |

**Contact Mailing Address**

| S.A.A. |

**City**

| S.A.A. |

**State**

| CA |

**ZIP Code**

| S.A.A. |

**IV. EMERGENCY CONTACTS**

**Name**

| John Smith |

**Title**

| Owner and Operator |

**Business Phone**

| (000) 000-0000 |

**24-Hour Phone**

| (111) 111-1111 |

**PAGER #**

| (222) 222-2222 |

**Name**

| Jane Smith |

**Title**

| Manager |

**Business Phone**

| (000) 000-0000 |

**24-Hour Phone**

| (333) 333-3333 |

**PAGER #**

| (444) 444-4444 |

**V. ADDITIONAL LOCALLY COLLECTED INFORMATION**

**Number of Employees**

| # of employees here |

**Federal Tax Identification Number**

| Federal ID here |

**Mailing/Billing Information**

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 Any Street</td>
</tr>
</tbody>
</table>

**City**

| Any Town |

**State**

| CA |

**ZIP Code**

| 90000 |

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**

| Signature Here |

**Name of Document Preparer**

| John Smith |

**Date**

| 2003/01/01 |

**Name of Signer**

| John Smith |

**Title of Signer**

| Owner and Operator |

**Official Use Only**

| UP Form |

**District**

| HM |

**Date of Inspection**

| 2003/01/01 |

**Division**

| ARP |

**Battalion**

| AST |

**Station**

| UST |

**TP**

| CUPA |

**PA**
The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:
- Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

<table>
<thead>
<tr>
<th>PROGRAMS</th>
<th>SECTION(S) TO BE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous Materials Business Plan (HMBP)</td>
<td>Cover Page, Section I, and Site Map(s)</td>
</tr>
<tr>
<td>Hazardous Waste Generator (HWG)</td>
<td>Cover Page, Section I, and Site Map(s)</td>
</tr>
<tr>
<td>Underground Storage Tank (UST)</td>
<td>Cover Page, Sections I and II, and Site Map(s)</td>
</tr>
<tr>
<td>HMBP, HWG, UST</td>
<td>Cover Page, Sections I and II, and Site Map(s)</td>
</tr>
</tbody>
</table>

A copy of the plan shall be submitted to your local CUPA and 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. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

A copy of the Contingency Plan is kept on file in the company office.

**PLAN CERTIFICATION**

I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.

<table>
<thead>
<tr>
<th>Printed Name of Owner/ Operator</th>
<th>Title of Owner/Operator</th>
<th>Owner and Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td></td>
<td>Owner and Operator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Owner/ Operator</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature here</td>
<td>2003/01/01</td>
</tr>
</tbody>
</table>

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.
# Unified Program (UP) Form

## CONSOLIDATED CONTINGENCY PLAN

### SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

#### I. FACILITY IDENTIFICATION

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>FACILITY ID #</th>
<th>CITY</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Company</td>
<td>1</td>
<td>104</td>
<td>90000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SITE ADDRESS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>123 Any Street</td>
<td>Any Town</td>
</tr>
</tbody>
</table>

#### II. EMERGENCY CONTACTS

<table>
<thead>
<tr>
<th>PRIMARY</th>
<th>SECONDARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>NAME</td>
</tr>
<tr>
<td>John Smith</td>
<td>Jane Smith</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TITLE</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner and Operator</td>
<td>Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUSINESS PHONE</th>
<th>BUSINESS PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(000) 000-0000</td>
<td>(000) 000-0000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24-HOUR PHONE</th>
<th>24-HOUR PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(111) 111-1111</td>
<td>(333) 333-3333</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PAGER #</th>
<th>PAGER #</th>
</tr>
</thead>
<tbody>
<tr>
<td>(222) 222-2222</td>
<td>(444) 444-4444</td>
</tr>
</tbody>
</table>

#### III. EMERGENCY RESPONSE PLANS AND PROCEDURES

**A. Notifications**

Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call:

- FIRE/PARAMEDICS/POLICE/SHERIFF PHONE: 911
- LA. Co. Fire Dept. H.H.M.D. (323) 890-4317
- State Office of Emergency Service: (800) 852-7550 or (916) 262-1621
- National Response Center: (800) 424-8802

Information to be provided during Notification:

- Your Name and the Telephone Number from where you are calling.
- Exact address of the release or threatened release.
- Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)
- Material and quantity of the release, to the extent known.
- Current condition of the facility.
- Extent of injuries, if any.
- Possible hazards to public health and/ or the environment outside of the facility.

**B. Emergency Medical Facility**

List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material

<table>
<thead>
<tr>
<th>HOSPITAL/CLINIC</th>
<th>PHONE NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>XYZ Medical Center</td>
<td>(911) 911-9111</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>911 Code Blue Street</td>
<td>Healthy Town</td>
<td>90000</td>
</tr>
</tbody>
</table>
section i: business plan and contingency plan

C. Private Emergency Response

Does your business have a private on-site emergency response team? □ Yes □ No

If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.

Cleanup/disposal contractor

List the contractor that will provide cleanup services in the event of a release.

<table>
<thead>
<tr>
<th>Name of Contractor:</th>
<th>Phone No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanup Incorporated</td>
<td>(777) 777-777</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>555 Any Street.</td>
<td>Any Town</td>
<td>90000</td>
</tr>
</tbody>
</table>

D. 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 on the lines below:

My company has made arrangements with our medical provider, XYZ Medical Center to provide medical care in the event of emergencies.

E. Evacuation Plan

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

- Verbal
- Telephone *(including cellular)*
- Alarm System
- Public Address System
- Intercom
- Pagers
- Portable Radio
- Other (specify): Two-way radios.

2. Evacuation map is prominently displayed throughout the facility.

3. Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:

   Individual responsible for coordinating the evacuation will meet and wait outside on the parking lot area for roll call.

F. Earthquake Vulnerability

Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

- Hazardous waste/hazardous materials storage areas
- Production floor
- Process lines
- Bench/lab
- Waste treatment
- Other:

Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

- Utilities
- Sprinkler systems
- Cabinets
- Shelves
- Racks
- Pressure vessels
- Gas cylinders
- Tanks
- Process piping
- Shutoff valves
- Other:
G. Emergency Procedures

<table>
<thead>
<tr>
<th><strong>1. PREVENTION</strong> (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The kinds of hazards associated with the hazardous materials in my facility are spills and leaks. Containers of hazardous materials and hazardous wastes are stored with secondary containment. Containers are stored away from drains, in leak-proof containers with tight fitting lids, and held until lawfully discarded. Incompatible materials and wastes are stored separately. Employees are trained on business plan measures, and are trained to handle materials using personal protective equipment such as gloves and safety glasses.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2. MITIGATION</strong> (reduce the hazard) – Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small spills are spills of minimal quantities that are contained and mitigated onsite by business employees. The response to small spills is the following: Evacuate any unnecessary employees from the area of the spill. Using absorbent materials, make sure that spilled material is contained and prevented from contaminating the ground, soil, water, or discharge off the property. Large spills are spills of larger quantities that the business is unable to safely contain and mitigate without assistance and involve quantities of spilled materials that require reporting to the Fire Department. The response to large spills is the following: Immediately notify employees to evacuate and call 911.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>3. ABATEMENT</strong> (remove the hazard) – Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The response to a limited spill is the following: Employees involved in the clean up of a spill will wear protective rubber gloves, safety glasses and additional protective clothing. Absorbed material will be placed in a leak-proof container that is compatible with the waste. The container will have a tight-fitting lid and be properly labeled as hazardous waste. The waste will be lawfully disposed as hazardous waste. Necessary notifications shall be made to the Health Hazardous Materials Division of the Los Angeles County Fire Department and to the State Office of Emergency Services (OES).</td>
</tr>
</tbody>
</table>
## IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

### EMERGENCY EQUIPMENT INVENTORY TABLE

<table>
<thead>
<tr>
<th>1. Equipment Category</th>
<th>2. Equipment Type</th>
<th>3. Location *</th>
<th>4. Description **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Protective, Equipment, Safety Equipment, and First Aid Equipment</td>
<td>Cartridge Respirators</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chemical Monitoring Equipment (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chemical Protective Aprons/Coats</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chemical Protective Boots</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chemical Protective Gloves</td>
<td>8-E</td>
<td>Rubber gloves</td>
</tr>
<tr>
<td></td>
<td>Chemical Protective Suits (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Face Shields</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>First Aid Kits/Stations (describe)</td>
<td>7-C / 8-H</td>
<td>Two first aid kits available</td>
</tr>
<tr>
<td></td>
<td>Hard Hats</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plumbed Eye Wash Stations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Portable Eye Wash Kits (i.e. bottle type)</td>
<td>8-C</td>
<td>Bottle type affixed to wall.</td>
</tr>
<tr>
<td></td>
<td>Respirator Cartridges (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Safety Glasses/Splash Goggles</td>
<td>8-E</td>
<td>Safety glasses for employees</td>
</tr>
<tr>
<td></td>
<td>Safety Showers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self-Contained Breathing Apparatuses (SCBA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (describe)</td>
<td></td>
<td>Steel toe shoes</td>
</tr>
<tr>
<td>Fire Extinguishing Systems</td>
<td>Automatic Fire Sprinkler Systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fire Alarm Boxes/Stations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fire Extinguisher Systems (describe)</td>
<td>3E4C4H7C7G</td>
<td>Five fire extinguishers on site</td>
</tr>
<tr>
<td></td>
<td>Other (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spill Control Equipment and Decontamination Equipment</td>
<td>Absorbents (describe)</td>
<td>4-F</td>
<td>25 Pound absorbent bags</td>
</tr>
<tr>
<td></td>
<td>Berms/Dikes (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decontamination Equipment (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency Tanks (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exhaust Hoods</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gas Cylinders Leak Repair Kits (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neutralizers (describe)</td>
<td>4-F</td>
<td>Baking soda available for acid.</td>
</tr>
<tr>
<td></td>
<td>Overpack Drums</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sumps (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (describe)</td>
<td>3-G</td>
<td>Three stage clarifier collects run-off</td>
</tr>
<tr>
<td>Communications and Alarm Systems</td>
<td>Chemical Alarms (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intercoms/PA Systems</td>
<td>10-E</td>
<td>Public announcement installed</td>
</tr>
<tr>
<td></td>
<td>Portable Radios</td>
<td>10-E</td>
<td>Two-way radios</td>
</tr>
<tr>
<td></td>
<td>Telephones</td>
<td>4-H</td>
<td>Telephones and cellular phones</td>
</tr>
<tr>
<td></td>
<td>Underground Tank Leak Detection Monitors</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Equipment (Use Additional Pages if Needed.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.

** Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.
A site plan and storage map must be included with your Contingency Plan. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities (generally those with complex and/or multiple buildings) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Map has been provided on the reverse side of this page. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

1. **Site Plan:** This drawing shall contain, at a minimum, the following information:
   a. Site Orientation (north, south, etc.);
   b. Approximate scale (e.g. “1 inch = 10 feet”);
   c. Date the map was drawn;
   d. Locations of all buildings and other structures;
   e. Parking lots and internal roads;
   f. Hazardous materials loading/unloading areas;
   g. Outside hazardous materials storage or use areas;
   h. Storm drain and sanitary sewer drain inlets;
   i. Wells for monitoring of underground tank systems;
   j. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
   k. Adjacent property use;
   l. Locations and names of adjacent streets and alleys;
   m. Access and egress points and roads.

2. **Storage Map(s):** The map(s) shall contain, at a minimum, the following information:
   a. General purpose of each section/area within each building (e.g. “Office Area”, “Manufacturing Area”, etc.);
   b. Location of each hazardous material/waste storage, dispensing, use, or handling area (e.g. individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.). Each area shall be identified by a unique location code number, letter, or name (e.g. “1”, “2”, “3”, “A”, “B”, “C”, etc.);
   c. Entrances to and exits from each building and hazardous material/waste room/area;
   d. Location of each utility emergency shut-off point (i.e. gas, water, electric.);
   e. Location of each monitoring system control panel (e.g. underground tank monitoring, toxic gas monitoring, etc.).

3. **Map Legend**

<table>
<thead>
<tr>
<th>Item and/or Description</th>
<th>Location Code (LC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous materials storage areas.</td>
<td>5-C and 6-C</td>
</tr>
<tr>
<td>Hazardous waste storage areas.</td>
<td>3-C and 3-D</td>
</tr>
<tr>
<td>Hazardous materials handling areas.</td>
<td>5-EFG, 6-EFG, and 7-EFG</td>
</tr>
<tr>
<td>Fire extinguishers.</td>
<td>3-E, 4-C, 4-H, 7-C and 7-G</td>
</tr>
<tr>
<td>Spill kit.</td>
<td>4-F</td>
</tr>
<tr>
<td>Clarifier.</td>
<td>3-G</td>
</tr>
<tr>
<td>Communication equipment.</td>
<td>10-E and 4-H</td>
</tr>
<tr>
<td>P.P.E.</td>
<td>8-E</td>
</tr>
<tr>
<td>Eye wash.</td>
<td>8-C</td>
</tr>
<tr>
<td>Emergency exits.</td>
<td>4-B and 3-F</td>
</tr>
<tr>
<td>Loading area.</td>
<td>5-I</td>
</tr>
<tr>
<td>Parking lot / Evacuation area.</td>
<td>1-CDEFGH and 2-CDEFGH</td>
</tr>
<tr>
<td>First Aid kit.</td>
<td>7-C and 8-H</td>
</tr>
</tbody>
</table>
Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SITE MAP

BUSINESS NAME
My Company

SITE ADDRESS
123 Any Street

CITY
104
Any Town

ZIP CODE
105
90000

DATE MAP DRAWN
07-01-00

MAP #
1

FACILITY ID #
106

I. Official use only

For Site Map
- Scale of Map
- Loading Areas
- Parking Lots
- Internal Roads
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets and Alleys
- Access and Egress Points and Roads
- Primary and Alternate Evacuation Routes

For Sub-Site Map
- Scale of Map
- Location of Each Storage Area
- Location of Each Hazardous Material Handling Area
- Location of Emergency Response Equipment

Office Space
P.P.E
Med Kit

Phone & PA

Front door

Any Street

Storm Drain

Parking Lot

Evacuation Area

Hazardous waste Storage

Clarifier

Spill Kit

Med Kit

Eye Wash

P.P.E

Process Areas

Hazardous Materials Handling Areas

Loading

Driveway

Exit

Exit

Utility

Neighboring Business

Business

Driveway

N

W

E

S

OFFICIAL USE ONLY

DATE RECEIVED

REVIEWED BY
**I. TYPE OF GENERATOR**

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY (Check no more than one box per column)

<table>
<thead>
<tr>
<th></th>
<th>RCRA GENERATOR (FEDERAL WASTE)</th>
<th>NON –RCRA GENERATOR (CALIFORNIA WASTE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LARGE QUANTITY GENERATOR (&gt;1000 KG HAZARDOUS WASTE PER MONTH)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>SMALL QUANTITY GENERATOR (&gt;100 KG BUT &lt;1000 KG HAZARDOUS WASTE PER MONTH)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (&lt;100 KG HAZARDOUS WASTE PER MONTH)</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

**II. WASTE STREAM IDENTIFICATION**

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION.

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>WASTE DESCRIPTION</th>
<th>WASTE ID</th>
<th>AMOUNT PER YEAR</th>
<th>STORAGE METHOD</th>
<th>DISPOSAL METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oil change</td>
<td>Waste oil</td>
<td>221</td>
<td>1000</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>Radiator flush</td>
<td>Waste coolant</td>
<td>132</td>
<td>110</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>Aqueous cleaning</td>
<td>Aqueous washer solution</td>
<td>134</td>
<td>40</td>
<td>A</td>
<td>D</td>
</tr>
</tbody>
</table>

I certify that the information provided herein is true and accurate to the best of my knowledge.

**OWNER/OPERATOR NAME**
John Smith

**OWNER/OPERATOR TITLE**
Owner and Operator

**OWNER/OPERATOR SIGNATURE**
Signature here

**DATE**
2003/01/01
### I. FACILITY INFORMATION

**BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As):**

My Company

**CHEMICAL LOCATION:**

West interior wall of property

**CHEMICAL LOCATION CONFIDENTIAL (EPCRA):**  
- [ ] YES  [ ] NO

**FACILITY ID #:**

- Number

**MAP# (optional):**

- Number

**GRID# (optional):**

- Number

### II. CHEMICAL INFORMATION

**CHEMICAL NAME:**

Petroleum Lubricating Oil

**COMMON NAME:**

Motor Oil 10W-40

**CAS#:**

N/A

**TRADE SECRET:**

- [ ] Yes  [ ] No

**EHS**:  
- [ ] Yes  [ ] No

**HAZARDOUS MATERIAL TYPE (Check one item only):**

- [ ] a. PURE  [ ] b. MIXTURE  [ ] c. WASTE

**PHYSICAL STATE (Check one item only):**

- [ ] a. SOLID  [ ] b. LIQUID  [ ] c. GAS

**FED HAZARD CATEGORIES (Check all that apply):**

- [ ] a. FIRE  [ ] b. REACTIVE  [ ] c. PRESSURE RELEASE  [ ] d. ACUTE HEALTH  [ ] e. CHRONIC HEALTH

**AVG DAILY AMOUNT:**

- Number

**MAXIMUM DAILY AMOUNT:**

- Number

**ANNUAL WASTE AMOUNT:**

- Number

**STATE WASTE CODE:**

- Number

**UNITS**:  
- [ ] a. GALLONS  [ ] b. CUBIC FEET  [ ] c. POUNDS  [ ] d. TONS

**STORAGE CONTAINER:**

- [ ] a. ABOVE GROUND TANK  [ ] b. UNDERGROUND TANK  [ ] c. TANK INSIDE BUILDING  [ ] d. STEEL DRUM

**STORAGE PRESSURE:**

- [ ] a. AMBIENT  [ ] b. ABOVE AMBIENT  [ ] c. BELOW AMBIENT

**STORAGE TEMPERATURE:**

- [ ] a. AMBIENT  [ ] b. ABOVE AMBIENT  [ ] c. BELOW AMBIENT  [ ] d. CRYOGENIC

**%WT HAZARDOUS COMPONENT (For mixture or waste only):**

<table>
<thead>
<tr>
<th>%WT</th>
<th>HAZARDOUS COMPONENT</th>
<th>EHS</th>
<th>CAS #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>226</td>
<td>[ ] Yes [ ] No 228</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>230</td>
<td>[ ] Yes [ ] No 232</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>234</td>
<td>[ ] Yes [ ] No 236</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>238</td>
<td>[ ] Yes [ ] No 240</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>242</td>
<td>[ ] Yes [ ] No 244</td>
<td></td>
</tr>
</tbody>
</table>

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

**ADDITIONAL LOCALLY COLLECTED INFORMATION:**

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)
### I. FACILITY INFORMATION

**BUSINESS NAME** (Same as FACILITY NAME or DBA – Doing Business As)

*My Company*

**CHEMICAL LOCATION**

West interior area of property

**FACILITY ID #**

| 1 |

**MAP# (optional)**

1

**GRID# (optional)**

3-C and 3-D

### II. CHEMICAL INFORMATION

**CHEMICAL NAME**

*Used oil*

**COMMON NAME**

*Used oil*

**FIRE CODE HAZARD CLASSES** (Complete if required by CUPA)

| 210 |

**HAZARDOUS MATERIAL TYPE** (Check one item only)

| a. PURE | b. MIXTURE | c. WASTE |

| 211 |

**PHYSICAL STATE** (Check one item only)

| a. SOLID | b. LIQUID | c. GAS |

| 214 |

**FED HAZARD CATEGORIES** (Check all that apply)

| a. FIRE | b. REACTIVE | c. PRESSURE RELEASE | d. ACUTE HEALTH | e. CHRONIC HEALTH |

| 216 |

**AVERAGE DAILY AMOUNT**

| 217 |

**MAXIMUM DAILY AMOUNT**

| 218 |

**ANNUAL WASTE AMOUNT**

| 219 |

**STATE WASTE CODE**

| 220 |

**UNITS*** (Check one item only)

| a. GALLONS | b. CUBIC FEET | c. POUNDS | d. TONS |

| 221 |

**STORAGE CONTAINER**

| a. ABOVE GROUND TANK | b. UNDERGROUND TANK | c. TANK INSIDE BUILDING | d. STEEL DRUM | e. PLASTIC/NONMETALLIC DRUM | f. CAN | g. CARBOY | h. SILO | i. FIBER DRUM | j. BAG | k. BOX | l. CYLINDER | m. GLASS BOTTLE | n. PLASTIC BOTTLE | o. BAG | p. TOTE BIN | q. RAIL CAR | r. OTHER |

| 223 |

**STORAGE PRESSURE**

| a. AMBIENT | b. ABOVE AMBIENT | c. BELOW AMBIENT |

| 224 |

**STORAGE TEMPERATURE**

| a. AMBIENT | b. ABOVE AMBIENT | c. BELOW AMBIENT | d. CRYOGENIC |

| 225 |

**%WT**

| 1 | 100 % |

| 236 |

**HAZARDOUS COMPONENT** (For mixture or waste only)

*Used Petroleum Oil*

| 227 |

**EHS**

| Yes | No |

| 228 |

**CAS #**

| N/A |

| 229 |

**DAYS ON SITE:**

| 365 |

**OFFICIAL USE ONLY**

| DIV | BN | STA | OTHER | DISTRICT | CUPA | PA |

| 247 |
## I. FACILITY INFORMATION

**BUSINESS NAME** (Same as FACILITY NAME or DBA – Doing Business As)

- **My Company**

**CHEMICAL LOCATION**

- North exterior wall of property

**CHEMICAL LOCATION CONFIDENTIAL (EPCRA)**

- YES ☐  NO ☒

**FACILITY ID #**

- 1

**MAP#** (optional)

- 1

**GRID#** (optional)

- 3-D

## II. CHEMICAL INFORMATION

**CHEMICAL NAME**

- Waste Coolant

**TRADE SECRET**

- YES ☑  NO ☒

**COMMON NAME**

- Waste Coolant

**CAS#**

- 107-21-1

**EHS**

- YES ☑  NO ☒

**FIRE CODE HAZARD CLASSES** (Complete if required by CUPA)

- a. PURE ☒  b. MIXTURE ☐  c. WASTE ☐

**PHYSICAL STATE** (Check one item only)

- a. SOLID ☒  b. LIQUID ☐  c. GAS ☐

**FED HAZARD CATEGORIES** (Check all that apply)

- a. FIRE ☒  b. REACTIVE ☐  c. PRESSURE RELEASE ☐  d. ACUTE HEALTH ☐  e. CHRONIC HEALTH ☐

**HAZARDOUS MATERIAL TYPE** (Check one item only)

- a. PURE ☑  b. MIXTURE ☐  c. WASTE ☐

**RADIOACTIVE**

- YES ☐  NO ☒

**LARGEST CONTAINER**

- 55

**REACTIVITY**

- N/A

**PHYSICAL STATE**

- a. SOLID ☒  b. LIQUID ☐  c. GAS ☐

**STORAGE CONTAINER**

- a. ABOVE GROUND TANK ☐  b. UNDERGROUND TANK ☐  c. TANK INSIDE BUILDING ☐  d. STEEL DRUM ☐

**STORAGE PRESSURE**

- a. AMBIENT ☐  b. ABOVE AMBIENT ☐  c. BELOW AMBIENT ☐

**STORAGE TEMPERATURE**

- a. AMBIENT ☐  b. ABOVE AMBIENT ☐  c. BELOW AMBIENT ☐

**%WT HAZARDOUS COMPONENT** (For mixture or waste only)

<table>
<thead>
<tr>
<th>%WT</th>
<th>HAZARDOUS COMPONENT</th>
<th>EHS</th>
<th>CAS #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ethylene Glycol</td>
<td>☑</td>
<td>107-21-1</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>☑</td>
<td>107-21-1</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**UNITS**

- a. GALLONS ☐  b. CUBIC FEET ☐  c. POUNDS ☐  d. TONS ☐

**FED HAZARD CATEGORIES** (Check all that apply)

- a. FIRE ☒  b. REACTIVE ☐  c. PRESSURE RELEASE ☐  d. ACUTE HEALTH ☐  e. CHRONIC HEALTH ☐

**UNITS** (Check one item only)

- a. GALLONS ☐  b. CUBIC FEET ☐  c. POUNDS ☐  d. TONS ☒

**AVERAGE DAILY AMOUNT**

- 40

**MAXIMUM DAILY AMOUNT**

- 55

**ANNUAL WASTE AMOUNT**

- 110

**STATE WASTE CODE**

- 132

**DAYS ON SITE**

- 365

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)
### I. FACILITY INFORMATION

**BUSINESS NAME** (Same as FACILITY NAME or DBA – Doing Business As)

My Company

**CHEMICAL LOCATION**

Materials handling area

**FACILITY ID #**

1

**MAP#** (optional)

1

**GRID#** (optional)

5-E

**REPORTING YEAR**

2003

**2. CHEMICAL INFORMATION**

**CHEMICAL NAME**

Acetylene

**COMMON NAME**

Welding gas

**CAS#**

74-86-2

**FIRE CODE HAZARD CLASSES** (Check all that apply)

- a. FIRE
- b. REACTIVE
- c. PRESSURE RELEASE
- d. ACUTE HEALTH
- e. CHRONIC HEALTH

**HAZARDOUS MATERIAL TYPE** (Check one item only)

- a. PURE
- b. MIXTURE
- c. WASTE

**PHYSICAL STATE** (Check one item only)

- a. SOLID
- b. LIQUID
- c. GAS

**FED HAZARD CATEGORIES** (Check all that apply)

- a. FIRE
- b. REACTIVE
- c. PRESSURE RELEASE
- d. ACUTE HEALTH
- e. CHRONIC HEALTH

**AVERAGE DAILY AMOUNT**

382

**MAXIMUM DAILY AMOUNT**

382

**ANNUAL WASTE AMOUNT**

N/A

**STATE WASTE CODE**

N/A

**STORAGE CONTAINER**

- a. ABOVE GROUND TANK
- b. UNDERGROUND TANK
- c. TANK INSIDE BUILDING
- d. STEEL DRUM

**STORAGE PRESSURE**

- a. AMBIENT
- b. ABOVE AMBIENT
- c. BELOW AMBIENT

**STORAGE TEMPERATURE**

- a. AMBIENT
- b. ABOVE AMBIENT
- c. BELOW AMBIENT
- d. CRYOGENIC

**UNITS**

- a. GALLONS
- b. CUBIC FEET
- c. POUNDS
- d. TONS

**DAYS ON SITE**

365

**%WT HAZARDOUS COMPONENT** (For mixture or waste only)

<table>
<thead>
<tr>
<th>%WT</th>
<th>HAZARDOUS COMPONENT</th>
<th>EHS</th>
<th>CAS #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>226</td>
<td>227</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>230</td>
<td>231</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>234</td>
<td>235</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>238</td>
<td>239</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>242</td>
<td>243</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

### ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)
## I. FACILITY INFORMATION

**BUSINESS NAME** (Same as FACILITY NAME or DBA – Doing Business As)

My Company

**CHEMICAL LOCATION**

West interior wall of property

**FACILITY ID #**

1

**MAP#** (optional)

1

**GRID#** (optional)

6-C

## II. CHEMICAL INFORMATION

**CHEMICAL NAME**

Perchloroethylene

**COMMON NAME**

PERC

**CAS#**

127-18-4

**TRADE SECRET**

Yes

**FIRE CODE HAZARD CLASSES** (Complete if required by CUPA) H-4, F-0, R-4

**PHYSICAL STATE** (Check one item only)

a. SOLID

**LARGEST CONTAINER**

80

**FED HAZARD CATEGORIES** (Check all that apply)

a. FIRE

**RADIOACTIVE**

Yes

**ACUTE HEALTH**

**CHRONIC HEALTH**

**STORAGE CONTAINER**

a. ABOVE GROUND TANK

b. UNDERGROUND TANK
c. TANK INSIDE BUILDING
d. STEEL DRUM

**STORAGE PRESSURE**

a. AMBIENT

**STORAGE TEMPERATURE**

a. AMBIENT

**%WT**

1 226

2 230

3 234

4 238

5 242

**HAZARDOUS COMPONENT (For mixture or waste only)**

**EHS**

Yes

**CAS #**

1 227

2 231

3 235

4 239

5 243

**STATE WASTE CODE**

N/A

**DAYS ON SITE:**

365

**UNITS** (Check one item only)

a. GALLONS

**If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.**

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)
## I. FACILITY INFORMATION

<table>
<thead>
<tr>
<th>BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)</th>
<th>My Company</th>
</tr>
</thead>
</table>

### CHEMICAL LOCATION

- **Materials handling area**
- **FACILITY ID #**: 1
- **MAP#** (optional): 1
- **GRID#** (optional): 4-E

### II. CHEMICAL INFORMATION

#### CHEMICAL NAME
- **Propane**

#### COMMON NAME
- **Liquid Petroleum Gas**

#### CAS#
- **74-98-6**

#### FIRE CODE HAZARD CLASSES
- (Complete if required by CUPA) **H-1, F-4, R-0**

#### HAZARDOUS MATERIAL TYPE
- a. PURE
- b. MIXTURE
- c. WASTE

#### PHYSICAL STATE
- a. SOLID
- b. LIQUID
- c. GAS

#### FED HAZARD CATEGORIES
- a. FIRE
- b. REACTIVE
- c. PRESSURE RELEASE
- d. ACUTE HEALTH
- e. CHRONIC HEALTH

#### AVERAGE DAILY AMOUNT
- **542**

#### MAXIMUM DAILY AMOUNT
- **542**

#### ANNUAL WASTE AMOUNT
- **N/A**

#### UNITS*
- a. GALLONS
- b. CUBIC FEET
- c. POUNDS
- d. TONS

#### STORAGE CONTAINER
- a. ABOVE GROUND TANK
- b. UNDERGROUND TANK
- c. TANK INSIDE BUILDING
- d. STEEL DRUM

#### STORAGE PRESSURE
- a. AMBIENT
- b. ABOVE AMBIENT
- c. BELOW AMBIENT

#### STORAGE TEMPERATURE
- a. AMBIENT
- b. ABOVE AMBIENT
- c. BELOW AMBIENT
- d. CRYOGENIC

#### %WT

<table>
<thead>
<tr>
<th>Component</th>
<th>Amount</th>
<th>EHS</th>
<th>CAS #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>226</td>
<td>Yes</td>
<td>227</td>
</tr>
<tr>
<td>2</td>
<td>230</td>
<td>Yes</td>
<td>231</td>
</tr>
<tr>
<td>3</td>
<td>234</td>
<td>Yes</td>
<td>235</td>
</tr>
<tr>
<td>4</td>
<td>238</td>
<td>Yes</td>
<td>239</td>
</tr>
<tr>
<td>5</td>
<td>242</td>
<td>Yes</td>
<td>243</td>
</tr>
</tbody>
</table>

#### ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)
**UNIFIED PROGRAM (UP) FORM**

**HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(Form 2731)

(one page per material per building or area)

<table>
<thead>
<tr>
<th>ADD</th>
<th>DELETE</th>
<th>REVISE</th>
<th>REPORTING YEAR 2003</th>
</tr>
</thead>
</table>

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

My Company

CHEMICAL LOCATION

Materials handling area

FACILITY ID #

MAP# (optional)

GRID# (optional)

**II. CHEMICAL INFORMATION**

CHEMICAL NAME

Carbon dioxide

COMMON NAME

CO₂

CAS#

124-38-9

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

HAZARDOUS MATERIAL TYPE (Check one item only)

a. PURE

b. MIXTURE

c. WASTE

PHYSICAL STATE (Check one item only)

a. SOLID

b. LIQUID

c. GAS

FED HAZARD CATEGORIES (Check all that apply)

a. FIRE

b. REACTIVE

c. PRESSURE RELEASE

d. ACUTE HEALTH

e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

MAXIMUM DAILY AMOUNT

ANNUAL WASTE AMOUNT

STATE WASTE CODE

UNITS* (Check one item only)

a. GALLONS

b. CUBIC FEET

c. POUNDS

d. TONS

STORAGE CONTAINER

a. ABOVE GROUND TANK

b. UNDERGROUND TANK

c. TANK INSIDE BUILDING

d. STEEL DRUM

e. PLASTIC/NONMETALLIC DRUM

f. CAN

i. FIBER DRUM

m. GLASS BOTTLE

q. RAIL CAR

j. BAG

n. PLASTIC BOTTLE

r. OTHER

k. BOX

o. TOTE BIN

l. CYLINDER

p. TANK WAGON

STORAGE PRESSURE

a. AMBIENT

b. ABOVE AMBIENT

c. BELOW AMBIENT

STORAGE TEMPERATURE

a. AMBIENT

b. ABOVE AMBIENT

c. BELOW AMBIENT

d. CRYOGENIC

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1 226

<table>
<thead>
<tr>
<th>227</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>230</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>234</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>238</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>242</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

* If EHS, amount must be in pounds.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)
# UNIFIED PROGRAM (UP) FORM

## HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(One page per material per building or area)

<table>
<thead>
<tr>
<th>Add</th>
<th>Delete</th>
<th>Revise</th>
<th>Reporting Year</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2003</td>
<td>3</td>
</tr>
</tbody>
</table>

## I. FACILITY INFORMATION

### BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

- My Company

### CHEMICAL LOCATION

- Materials handling area

<table>
<thead>
<tr>
<th>FACILITY ID #</th>
<th>MAP# (optional)</th>
<th>GRID# (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5-E</td>
</tr>
</tbody>
</table>

## II. CHEMICAL INFORMATION

### CHEMICAL NAME

- Helium

### COMMON NAME

- Helium gas

### CAS#

- 7440-59-7

### FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

### HAZARDOUS MATERIAL TYPE (Check one item only)

- a. PURE
- b. MIXTURE
- c. WASTE

### PHYSICAL STATE (Check one item only)

- a. SOLID
- b. LIQUID
- c. GAS

### FED HAZARD CATEGORIES (Check all that apply)

- a. FIRE
- b. REACTIVE
- c. PRESSURE RELEASE
- d. ACUTE HEALTH
- e. CHRONIC HEALTH

### AVERAGE DAILY AMOUNT

<table>
<thead>
<tr>
<th>UNITS*</th>
<th>GALLONS</th>
<th>CUBIC FEET</th>
<th>POUNDS</th>
<th>TONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MAXIMUM DAILY AMOUNT

### ANNUAL WASTE AMOUNT

### STATE WASTE CODE

### STORAGE CONTAINER

- a. ABOVE GROUND TANK
- b. UNDERGROUND TANK
- c. TANK INSIDE BUILDING
- d. STEEL DRUM
- e. PLASTIC/NONMETALLIC DRUM
- f. CAN
- g. CARBOY
- h. SILO
- i. FIBER DRUM
- j. BAG
- k. BOX
- l. CYLINDER
- m. GLASS BOTTLE
- n. PLASTIC BOTTLE
- o. TOTE BIN
- p. TANK WAGON

### STORAGE PRESSURE

- a. AMBIENT
- b. ABOVE AMBIENT
- c. BELOW AMBIENT

### STORAGE TEMPERATURE

- a. AMBIENT
- b. ABOVE AMBIENT
- c. BELOW AMBIENT
- d. CRYOGENIC

### %WT

<table>
<thead>
<tr>
<th>%WT</th>
<th>HAZARDOUS COMPONENT (For mixture or waste only)</th>
<th>EHS</th>
<th>CAS #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

## ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)
For your convenience:

Copies of the Full and Short Version of the THE CUPAs OF LOS ANGELES COUNTY UNIFIED PROGRAM (UP) FORM and individual pages of the form are available for download at one of the following CUPA or PA web sites:

Los Angeles County Fire Department
(http://fire.lacounty.gov/HealthHazMat/HHMDForms.asp)