

**THE CERTIFIED UNIFIED PROGRAM AGENCIES (CUPA'S)
of LOS ANGELES COUNTY**

HAZARDOUS MATERIALS APPLICATION PACKAGE



**CITY OF EL SEGUNDO
FIRE DEPARTMENT**



**COUNTY OF LOS ANGELES
FIRE DEPARTMENT**



**CITY OF GLENDALE
FIRE DEPARTMENT**



**CITY OF SANTA FE SPRINGS
FIRE DEPARTMENT**



CITY OF LONG BEACH



**CITY OF SANTA MONICA
ENVIRONMENTAL PROGRAMS**



**CITY OF LOS ANGELES
FIRE DEPARTMENT**



**CITY OF VERNON
HEALTH DEPARTMENT**

WHAT IS A CUPA?

Senate Bill 1082, introduced by Senator Charles Calderon (D-Whittier) and passed in 1993, created the Unified Hazardous Waste and Hazardous Materials Management Regulatory Program (Unified Program), which requires the administrative consolidation of six hazardous materials and waste programs (Program Elements) under one agency, a Certified Unified Program Agency (CUPA). The Program Elements consolidated under the Unified Program are:

- ❖ Hazardous Waste Generator and Onsite Hazardous Waste Treatment Programs (a.k.a. Tiered Permitting);
- ❖ Aboveground Petroleum Storage Tank Spill Prevention Control and Countermeasure Plan (SPCC);
- ❖ Hazardous Materials Release Response Plans and Inventory Program (a.k.a. Hazardous Materials Disclosure or "Community-Right-To-Know");
- ❖ California Accidental Release Prevention Program (Cal ARP);
- ❖ Underground Storage Tank Program (UST); and,
- ❖ Uniform Fire Code Plans and Inventory Requirements.

The goal of the Unified Program is to create a more cohesive, effective and efficient program. Under the Unified Program, application and required submission forms are standardized and consolidated, inspections are combined where possible, annual fees for each program element are merged into a single fee system, and enforcement procedures are made more consistent.

Local agencies administering one or more of the six Program Elements had the option to either apply for CUPA status with the California Environmental Protection Agency (Cal EPA) or retain their programs by becoming a Participating Agency (PA) under another CUPA's jurisdiction. Counties were required to apply for CUPA designation. Eight CUPAs in Los Angeles County received certification from Cal EPA to implement the CUPA program effective July 1, 1997 including the Cities of El Segundo, Glendale, Long Beach/Signal Hill (a Joint Powers Agency), Los Angeles, Santa Fe Springs, Santa Monica, and Vernon, and the County of Los Angeles (LA Co CUPA). The LA Co CUPA implements the Unified Program in all unincorporated and incorporated areas of the County **not** within the jurisdiction of the other seven CUPAs. (Note: The Los Angeles County Fire Department administers Hazardous Waste Programs in the cities of Los Angeles and Santa Monica as a Participating Agency.)

Twelve cities and two County agencies entered into agreements and/or Memorandum of Understanding with the Los Angeles County Fire Department to administer one or more of the Program Elements as Participating Agencies (PAs) to the LACoCUPA. The twelve City agencies include the Fire Departments of Alhambra, Burbank, Compton, Culver City, Downey, Gardena, Inglewood, Monrovia, Pasadena, Redondo Beach, South Pasadena, and Torrance. The two County Departments include the Department of Public Works and the Agricultural Commissioner.

OFFICES OF CUPA'S IN LOS ANGELES COUNTY

El Segundo Fire Department

314 Main Street
El Segundo, CA 90245
(310) 327-4311

Santa Fe Springs Fire Department

11300 Greenstone Avenue
Santa Fe Springs, CA 90670
(562) 944-9713

LA County Fire Department Offices

5825 Rickenbacker Road
Commerce, CA 90040

Glendale Fire Department

780 Flower Street
Glendale, CA 91201
(818) 548-4030

City of Santa Monica Environmental Programs

200 Santa Monica Pier
Santa Monica, CA 90401
(310) 458-8916 Ext. 2

Central District (323) 890-4107

West District (323) 890-4023

Data Unit (323) 890-4000

RMP Unit (323) 890-4035

Long Beach/ Signal Hill JPA

Long Beach Health Department

2525 Grand Avenue
Long Beach, CA 90815
(562) 570-4128

Vernon Environmental Health

4305 Santa Fe Avenue
Vernon, CA 90058
(323) 583-8811

North County (818) 364-7120

14425 Olive View Dr.
Sylmar, CA 91342

South Bay (310) 534-6270

24300-A Narbonne Ave.
Lomita, CA 90717

Los Angeles City Fire Department

200 N. Main Street, Room 970
Los Angeles, CA 90012
(213) 485-8080

Los Angeles County Fire Department Health Haz Mat Division

5825 Rickenbacker Road
Commerce, CA 90040
(323) 890-4045

San Gabriel Valley (626) 450-7450

5110 North Peck Rd.
El Monte, CA 91732

Southeast County (562) 790-1810

7300 Alondra Blvd.

Paramount, CA 90723

LOS ANGELES COUNTY CUPA - PARTICIPATING AGENCIES**ALHAMBRA FIRE DEPARTMENT**

JOHN KABALA Hazardous Materials Program
301 N. First Street Cal ARP Program
Alhambra, CA 91801
(626) 570-3234 / FAX (626) 457-8961

BURBANK FIRE DEPARTMENT

DEVIN BURNS Hazardous Materials Program
311 E. Orange Grove Ave Cal ARP Program
Burbank, CA 91502 UST Program
(818) 238-3473 / FAX (818) 238-3483

COMPTON FIRE DEPARTMENT

MARVIN PORTER Hazardous Materials Program
201 S. Acacia Cal ARP Program
Compton, CA 90220
(310) 605-5670 / FAX (310) 632-8414

CULVER CITY FIRE DEPARTMENT

KIM DOMBROWSKI Hazardous Materials Program
P.O. Box 507 Cal ARP Program
9770 Culver Blvd.
Culver City, CA 90232-0507
(310) 253-5937 / FAX (310) 253-5824

DOWNEY FIRE DEPARTMENT

ROBERT ROWE Hazardous Materials Program
11111 Brookshire Avenue Cal ARP Program
Downey, CA 90241
(562) 904-7348 / FAX (562) 904-7270

GARDENA FIRE DEPARTMENT

ROBERT NOLAN Hazardous Materials Program
1650 W. 162nd Street Cal ARP Program
Gardena, CA 90247
(310) 217-9656 / FAX (310) 715-6070

INGLEWOOD FIRE DEPARTMENT

DAVE COURTNEY Hazardous Materials Program
141 W. Regent St. Cal ARP Program
Inglewood, CA 90301
(310) 412-5350 / FAX (310) 412-5673

MONROVIA FIRE DEPARTMENT

DEREK YOUNG Hazardous Materials Program
141 E. Lemon Avenue Cal ARP Program
Monrovia, CA 91016
(626) 303-3473 Ext. 542 / FAX (626) 358-1275

PASADENA FIRE DEPARTMENT

CALVIN E. WELLS Hazardous Materials Program
199 S. Los Robles Av. #550 Cal ARP Program
Pasadena, CA 91101 UST Program
(626) 405-4657 / FAX (626) 585-9164

REDONDO BEACH FIRE DEPARTMENT

JOEL COSTER Hazardous Materials Program
401 S. Broadway Cal ARP Program
Redondo Beach, CA 90277
(310) 318-0663 Ext. 2495 / FAX (310) 376-3407

SOUTH PASADENA FIRE DEPARTMENT

RICHARD JENKINS Hazardous Materials Program
817 S. Mound Street Cal ARP Program
South Pasadena, CA 91030
(626) 403-7300 / FAX (626) 403-7301

TORRANCE FIRE DEPARTMENT

KEN HALL Hazardous Materials Program
3031 Torrance Blvd. Cal ARP Program
Torrance, CA 90503 UST Program
(310) 618-2973 / FAX (310) 781-7506

COUNTY OF LOS ANGELES**AGRICULTURAL COMMISSIONER/**

WEIGHTS & MEASURES Hazardous Materials Program
BOB DONLEY or CINDY WERNER
12300 Lower Azusa Rd.
Arcadia, CA 91006
(626) 575-5466 / FAX (626) 443-6652

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS, WASTE MANAGEMENT DIVISION

CARL SJOBERG UST Program
900 S. Fremont Avenue
Alhambra, CA 91803-1331
(626) 458-3539 / FAX (626) 458-3569

NOTE: The LA Co CUPA implements the Unified Program in all unincorporated and incorporated areas of the County not within the jurisdiction of the seven City CUPAs. Each Participating Agency of the LA Co CUPA regulates the program listed in their jurisdictions. The Los Angeles County Department of Public Works administers the UST program in all areas of the LA County CUPA except for the cities of Burbank, Pasadena, and Torrance where the City Fire Department administers the UST program. The County of Los Angeles Agricultural Commissioner administers the Hazardous Materials program for agricultural business (farms and nurseries).

REPORTING POLICY

1. **Please, use the CUPAs Of Los Angeles County Unified Program (UP) Form provided. Only information submitted on the CUPAs Of Los Angeles County or State forms will be accepted.**

Note: If the State of California UPCF Form is used, we may request your business provide additional locally collected information.

2. All forms may be photocopied if necessary.
3. Appropriate forms must bear an original signature(s).
4. Keep copies of your submitted documents for your records as proof of submission.
5. Please, do not enclose any payments with your forms. The Financial Management Division of your CUPA will bill you.
6. It is recommended that forms be sent via "Certified Mail" to ensure delivery by "Return Receipt."
7. Submit all completed forms to:

**Certified Unified Program Agency (CUPA)
Environmental Management Center
780 Flower Street
Glendale, CA 91201**

8. If you have any questions or need assistance, contact your City or County CUPA or PA during office hours.
9. Be advised that failure to submit required forms may result in fines, penalties and/or other administrative fees.

WHAT DO I REPORT?

Enclosed is the **CUPAs of Los Angeles County Unified Program (UP) Form** for hazardous materials programs. This form includes instructions and requirements described in the California Health and Safety Code, Uniform Fire Code, and State regulations. Your business is required to complete and submit the **Business Activities Page** and a **Business Owner/Operator Identification Page**. In addition, your business is required to complete and submit reporting forms for any of the following programs that apply to your facility:

Hazardous Materials Disclosure:

Any business, which handles the minimum amount of 55 gallons or 500 pounds of a hazardous material or 200 cubic feet of a compressed gas, at any one time during the reporting year, is considered a handler of hazardous materials. A Hazardous material handling business is required to submit **Chemical Description** page(s), Section I of the **Consolidated Contingency Plan**, and a **Site Map(s)** to the CUPA.

(Note: Under local ordinances, some agencies have hazardous materials reporting thresholds lower than State reporting thresholds. Contact your local CUPA or PA for additional information.)

California Accidental Release Prevention Program (Cal ARP):

Any business, which handles Regulated Substances (including Federally Listed Extremely Hazardous Substances and State listed Acutely Hazardous Materials), is required to submit a **Regulated Substance Registration** to the CUPA. The list of Regulated Substances is included in this form packet.

Underground Storage Tank (UST) Program:

Any business, which has underground storage tanks to store hazardous materials, including gasoline, is required to complete and submit a **UST Facility** page and **UST Tank** page for each tank to the CUPA. New USTs must complete and submit a **UST Installation - Certificate of Compliance** page. Also, businesses must complete and submit Section II of the **Consolidated Contingency Plan** and a **plot plan (with location of UST system(s))** to the CUPA.

Aboveground Petroleum Storage Tanks:

Any business, which stores petroleum products (gasoline, oil, etc.) in aboveground storage tanks with a capacity greater than 660 gallons or the total capacity for the facility greater than 1320 gallons, is required to complete a **Spill Prevention Countermeasure Control (SPCC) Plan**. The plan is approved by the Regional Water Quality Control Board and is maintained at the tank location.

Hazardous Waste Generator:

Any business, which generates any quantity of a hazardous waste, is a hazardous waste generator. Hazardous wastes are any chemical wastes which are toxic, corrosive, reactive, or ignitable, as defined in State law, including waste oil, waste coolant, waste parts cleaner, waste photo developer, waste printing inks, waste dry cleaning solvent, waste paint and spray booth filters. Generators are required to submit a **Waste Generator** Form to the CUPA.

Hazardous waste generating businesses, which conduct onsite hazardous waste treatments authorized under Permit-By-Rule (PBR), Conditional Authorization (CA) and Conditional Exemption (CE) tiers, are required to complete and submit **Onsite Hazardous Waste Treatment Notification - Facility, Onsite Hazardous Waste Treatment Notification - Unit, Certificate of Financial Assurance** pages, and other attachments to the CUPA.

Businesses, which claim a recycling exclusion or exemption (per Health and Safety Code Section 25143.2) for a material or process from the hazardous waste generator or tiered permitting programs, must complete and submit the **Recyclable Materials Biennial Report** to the CUPA.

Hazardous waste generators, which collect non-RCRA hazardous waste or conduct hazardous waste activities exempt from RCRA at remote sites, and subsequently transport the hazardous waste to consolidation sites operated by the generator, must complete and submit a **Remote Waste Consolidation Site Annual Report** page to the CUPA. Businesses closing Hazardous Waste tanks must complete and submit a **Hazardous Waste Tank Closure Certification** page to the CUPA.

BASIC INSTRUCTIONS

Your business is required to complete and submit to your local CUPA only the forms which are applicable to your facility's activities. First, complete the Business Activities Page to determine which forms that you are required to complete and submit to the CUPA. If you answer yes to any question on the Business Activities Page, complete the Business Owner/Operator Identification Page and all applicable program forms.

Important! We have provided instructions with each form in this package. Please, do not hesitate to contact your CUPA or PA if you have questions about the forms and program reporting requirements. It is only necessary to send the CUPA one copy of this form package. Forms for programs under a Participating Agency jurisdiction, such as the UST program or Hazardous Waste Generator program, will be forwarded by the CUPA to the PA.

FORM ORGANIZATION

The Unified Program Form (UP FORM) is organized as follows:

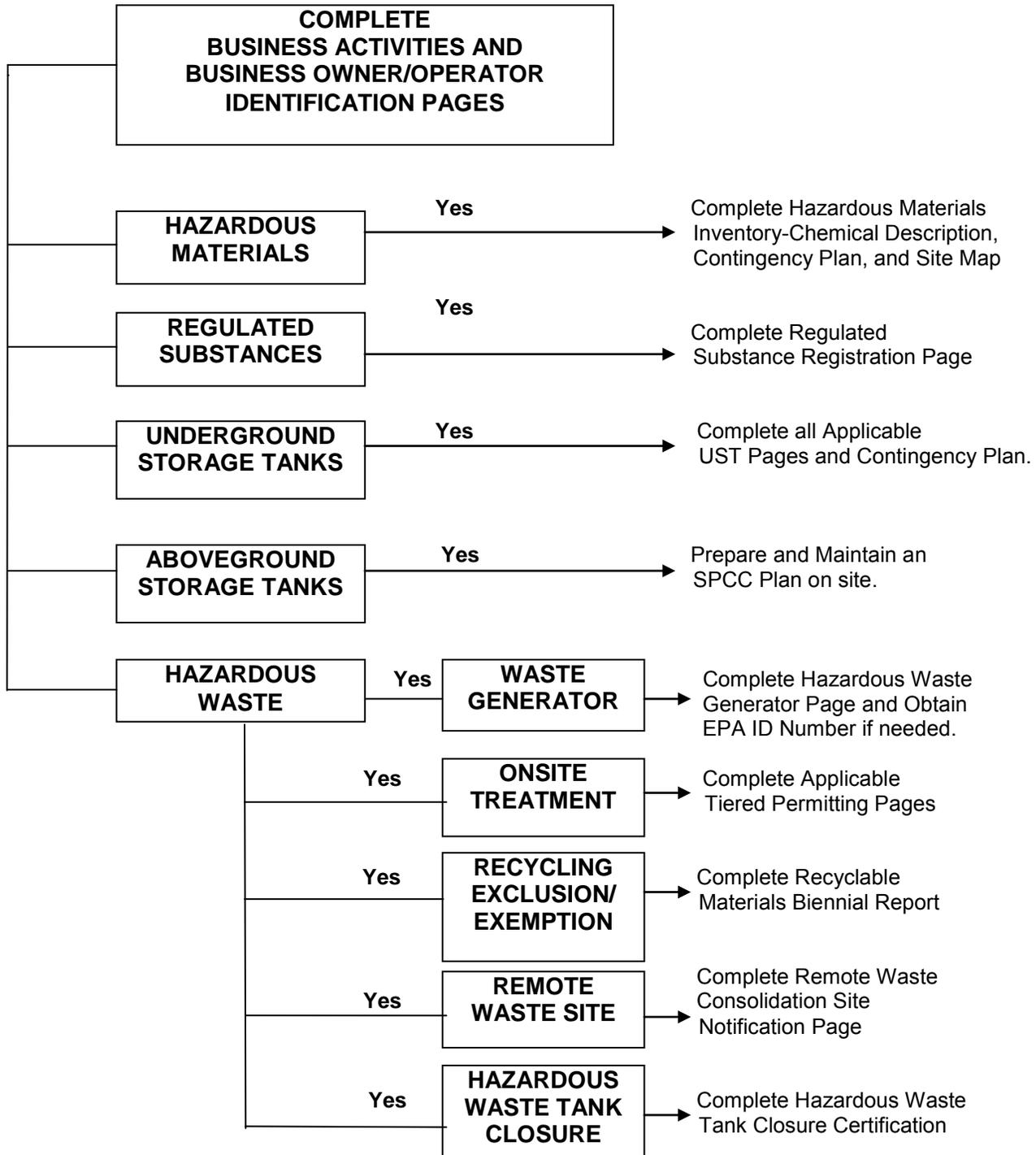
- I. FACILITY INFORMATION SECTION;
 - a. Business Activities Page
 - b. Business Owner/Operator Identification Page
 - c. Consolidated Contingency Plan + Site Map

- II. HAZARDOUS MATERIALS;
 - a. Hazardous Materials Inventory- Chemical Description
 - b. Cal ARP- Regulated Substance Registration

- III. UNDERGROUND STORAGE TANKS (UST);
 - a. UST Facility
 - b. UST Tank
 - c. UST Installation- Certificate of Compliance
 - d. Proof of Financial Responsibility

- IV. HAZARDOUS WASTE;
 - a. Hazardous Waste Generator Form
 - b. Recyclable Materials Report
 - c. Onsite Hazardous Waste Treatment Notification- Facility
 - d. Onsite Hazardous Waste Treatment Notification- Unit
 - (1) CESQT - Waste and Treatment Process Combination
 - (2) CESW - Waste and Treatment Process Combination
 - (3) CEL - Waste and Treatment Process Combination
 - (4) CA - Waste and Treatment Process Combination
 - (5) PBR - Waste and Treatment Process Combination
 - e. Certification of Financial Assurance
 - f. Remote Waste Consolidation Site Annual Notification
 - g. Hazardous Waste Tank Closure Certification

FLOW CHART



I. FACILITY INFORMATION SECTION

To be completed by all businesses, regardless of program type.

Be advised that appropriate signatures must be provided on forms.

THIS SECTION INCLUDES:

- **BUSINESS ACTIVITIES PAGE**
Please complete this form first. This will help you to determine which other forms you are required to complete.
- **BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE**
All sections must be completed, including primary and secondary emergency contacts.
- **CONSOLIDATED CONTINGENCY PLAN**
All regulated businesses must complete the Cover Page, Section I (Business Plan and Contingency Plan), and a Site Map.

Facilities with Underground Storage Tanks must also complete Section II (UST Emergency Response and Monitoring Plan).

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale CA 91201
BUSINESS ACTIVITIES FORM

I. FACILITY IDENTIFICATION		
FACILITY ID #	1	EPA ID # (Hazardous Waste Only)
		2
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)		
3		
II. ACTIVITIES DECLARATION		
NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.		
Does your facility...	If Yes, please complete these pages of the UPCF....	
A. HAZARDOUS MATERIALS		
Have on site (for any purpose) hazardous materials at or above 5 gallons for liquids, 50 pounds for solids, or 50 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?	YES NO 4	<ul style="list-style-type: none"> ● HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION ● CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) ● TRAINING PLAN
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	YES NO 5	<ul style="list-style-type: none"> ● UST FACILITY ● UST TANK (one page per tank) ● UST FACILITY ● UST TANK (one per tank) ● UST INSTALLATION - CERTIFICATE - OF COMPLIANCE (one page per tank) ● UST TANK (closure portion –one page per tank)
2. Intend to upgrade existing or install new USTs?	YES NO 6	
3. Need to report closing a UST?	YES NO 7	
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)		
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?	YES NO 8	NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	YES NO 9	<ul style="list-style-type: none"> ● EPA ID NUMBER – provide at the top of this page. ● As a generator, answer YES to Item E2b and complete Waste Generator Form. ● RECYCLABLE MATERIALS REPORT
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	YES NO 10	
3. Treat hazardous waste on site?	YES NO 11	<ul style="list-style-type: none"> ● ONSITE HAZARDOUS WASTE TREATMENT – FACILITY ● ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	YES NO 12	
5. Consolidate hazardous waste generated at a remote site?	YES NO 13	<ul style="list-style-type: none"> ● REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION ● HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	YES NO 14	
E. LOCAL REQUIREMENTS		
15		
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: <ul style="list-style-type: none"> ● Regulated Substance Registration ● Risk Management Plan (when required)
2. OTHER REQUIREMENTS		
a. Have hazardous materials stored on site at or above Uniform Fire Code permit amounts?	YES NO 15b	<ul style="list-style-type: none"> ● Consult attached Uniform Fire Code permit amounts

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
BUSINESS ACTIVITIES FORM – INSTRUCTIONS

Please submit the Business Activities page, the Business Owner/Operator Identification page (Form 2730), and Hazardous Materials Inventory - Chemical Description pages (Form 2731) for all submissions. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) and identifies your facility.
2. **EPA ID NUMBER** If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, to obtain one.
3. **BUSINESS NAME** Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA - Doing Business As".
4. **HAZARDOUS MATERIALS ONSITE** Check the box to indicate whether you have hazardous materials onsite. You have a hazardous material if:
 - It is handled in quantities equal to or greater than 50 pounds, 5 gallons, or 50 cubic feet of gas (calculated at standard temperature and pressure),
 - It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
 - Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.

If you have hazardous materials onsite, then you must complete the Business Owner/Operator Identification page (OES Form 2730) and the Hazardous Materials Inventory - Chemical Description page (OES Form 2731), as well as an Emergency Response Plan (i.e. Consolidated Contingency Plan) and Training Plan. Do not answer "YES" to this question if you exceed only a local threshold, but do not exceed the state threshold.
5. **OWN OR OPERATE UNDERGROUND STORAGE TANK (UST)** Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) §25316. If "YES", then you must complete one UST Facility page and UST Tank pages for each tank. **You must also submit a plot plan and a monitoring program plan.**
6. **UPGRADE/INSTALL UST** Check the appropriate box to indicate whether you intend to install or upgrade USTs containing hazardous substances as defined in HSC §25316. If "YES", then you must complete the UST Installation - Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan.
7. **UST CLOSURE** Check the appropriate box if you are closing an UST and complete the closure portion of the UST Tank pages for each tank.
8. **OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (APST)** Check the appropriate box to indicate whether there are APSTs onsite which exceed the regulatory thresholds. (There is no UPCF page for APSTs.) This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC §25270.2 (g)). The facility must have a single tank greater than 660 gallons, or cumulative storage capacity greater than 1,320 gallons for all APSTs. An aboveground petroleum storage tank (APST) facility with one or more of the following (see HSC §25270.2 (k)), is not subject to this act and is exempt:
 - A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
 - A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
 - An aboveground oil production tank which is regulated by the Division of Oil and Gas,
 - Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.
9. **HAZARDOUS WASTE GENERATOR** Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC §25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. **RECYCLE** Check the appropriate box to indicate whether your facility recycles more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC §25143.2. Check "YES" and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check "NO" if you only send recyclable materials to an offsite recycler; you do not need to report.
11. **ONSITE HAZARDOUS WASTE TREATMENT** Check the appropriate box to indicate whether your facility treats hazardous waste onsite. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of "treatment" for certain processes under specific, limited conditions. Refer to HSC §25123.5 (b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require authorization. Refer to HSC §25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility treats hazardous waste onsite, complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages for each unit.
12. **FINANCIAL ASSURANCE** Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR §67450.13 (b) and HSC §25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
13. **REMOTE WASTE CONSOLIDATION SITE** Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer "YES" if you are a hazardous waste generator that collects hazardous waste at remote sites and transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC §25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
14. **HAZARDOUS WASTE TANK CLOSURE** Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on your knowledge of the tank and its contents, the mixture rule, testing of the tank, the listed wastes in 40 CFR 261.31 or 40 CFR 261.32, or inability to remove hazardous materials stored in the tank. If the closed tank would be classified as hazardous waste, then complete the Hazardous Waste Tank Closure Certification page.
- 15a. **LOCAL REQUIRED INFORMATION: REGULATED SUBSTANCES (RS)** Check the box to indicate whether Regulated Substances (RS) are stored onsite. An RS is any substance, listed in CCR, Title 19, Section 2770.5. See attached Regulated Substance list. If you handle an RS at greater than the threshold planning quantities then complete the Regulated Substance Registration in addition to forms required under item number 4.
- 15b. **LOCAL HAZARDOUS MATERIALS THRESHOLD** Check the appropriate box to indicate if you are subject to reporting hazardous materials at or above Uniform Fire Code permit amount.

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
BUSINESS OWNER/OPERATOR IDENTIFICATION (Form 2730)

I. IDENTIFICATION							
FACILITY ID#	1	BEGINNING DATE	100	ENDING DATE	101		
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)			3	BUSINESS PHONE		102	
BUSINESS SITE ADDRESS						103	
CITY GLENDALE	104	CA	106	ZIP CODE	105		
			106	SIC CODE (4 digit #)	107		
COUNTY LOS ANGELES	108	TAX ID NUMBER				133a.	
BUSINESS OPERATOR NAME			109	BUSINESS OPERATOR PHONE		110	
II. BUSINESS OWNER							
OWNER NAME			111	OWNER PHONE		112	
OWNER MAILING ADDRESS						113	
CITY	114	STATE	115	ZIP CODE	116		
III. ENVIRONMENTAL CONTACT							
CONTACT NAME			117	CONTACT PHONE		118	
CONTACT MAILING ADDRESS						119	
CITY	120	STATE	121	ZIP CODE	122		
<u>PRIMARY</u>	IV. EMERGENCY CONTACTS				<u>SECONDARY</u>		
NAME	123	NAME	128				
TITLE	124	TITLE	129				
BUSINESS PHONE	125	BUSINESS PHONE	130				
24-HOUR PHONE	126	24-HOUR PHONE	131				
ΌΌŠŠΆΨυΠΌ	127	ΌΌŠŠΆΨυΠΌ	132				
V. ADDITIONAL LOCALLY COLLECTED INFORMATION							
NUMBER OF EMPLOYEES	133b	SIZE OF FACILITY (SQ. FT.)	133c				
MAILING/ BILLING INFORMATION							
ADDRESS	133d	CITY	133e	STATE	133f	ZIP CODE	133g
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.							
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		DATE	134	NAME OF DOCUMENT PREPARER		135	
X							
NAME OF SIGNER (print)		136	TITLE OF SIGNER			137	

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
BUSINESS OWNER/OPERATOR IDENTIFICATION (Form 2730) - INSTRUCTIONS

Please submit the Business Activities page, the Business Owner/Operator Identification page (Form 2730), and Hazardous Materials - Chemical Description pages (Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete, this page must be signed by the appropriate individual. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. **BUSINESS NAME** Enter the full legal name of the business.
100. **BEGINNING DATE** Enter the beginning year and date of the report. (YYYYMMDD, ex. 1999/07/01)
101. **ENDING DATE** Enter the ending year and date of the report. (YYYYMMDD, ex. 2000/06/30)
102. **BUSINESS PHONE** Enter the phone number, area code first, and any extension.
103. **BUSINESS SITE ADDRESS** Enter the street address where the facility is located. No post office box numbers are allowed.
104. **CITY** Enter the city or unincorporated area in which the business site is located.
105. **ZIP CODE** - Enter the zip code of the business site. The extra 4 digits in the zip code may also be added.
106. **DUN & BRADSTREET** Enter the Dun and Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by visiting Dun and Bradstreet on the internet at www.dnb.com.
107. **SIC CODE** Enter the primary Standard Industrial Classification Code number for primary business activity. Report only the first four digits.
108. **COUNTY** Enter the county in which the business site is located.
109. **BUSINESS OPERATOR NAME** Enter the name of the business operator.
110. **BUSINESS OPERATOR PHONE** Enter business operator's phone number including any extension, if different from the business phone.
111. **OWNER NAME** Enter name of the business owner, if different from the business operator.
112. **OWNER PHONE** Enter the business owner's phone number if different from the business phone, area code first, and any extension.
113. **OWNER MAILING ADDRESS** Enter the owner's mailing address if different from the business site address.
114. **OWNER CITY** Enter the name of the city for the owner's mailing address.
115. **OWNER STATE** Enter the 2 character state abbreviation for the owner's mailing address.
116. **OWNER ZIP CODE** Enter the zip code for the owner's address. The extra 4 digits in the zip code may also be added.
117. **ENVIRONMENTAL CONTACT NAME** Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
118. **CONTACT PHONE** Enter the phone number at which the environmental contact can be contacted including any extension.
119. **CONTACT MAILING ADDRESS** Enter the mailing address where all environmental contact correspondence should be sent.
120. **CITY** Enter the name of the city for the environmental contact's mailing address.
121. **STATE** Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. **ZIP CODE** Enter the zip code for the environmental contact's mailing address. The extra 4 digit s in the zip code may also be added.
123. **PRIMARY EMERGENCY CONTACT NAME** Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. **TITLE** Enter the title of the primary emergency contact.
125. **BUSINESS PHONE** Enter the business number for the primary emergency contact, area code first, and any extensions.
126. **24-HOUR PHONE** Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. **PAGER NUMBER** Enter the pager number for the primary emergency contact, if available.
128. **SECONDARY EMERGENCY CONTACT NAME** Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. **TITLE** Enter the title of the secondary emergency contact.
130. **BUSINESS PHONE** Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. **24-HOUR PHONE** Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. **PAGER NUMBER** Enter the pager number for the secondary emergency contact, if available.
- 133a. **TAX IDENTIFICATION NUMBER (TIN)** Enter your business's tax identification number or social security number. The TIN number may be obtained from the Internal Revenue Service (IRS).
- 133b. **NUMBER OF EMPLOYEES** Enter the number of employees working at your facility.
- 133c. **SIZE OF FACILITY (SQ. FT.)** Enter the size of your facility in square feet.
- 133d. **MAILING/BILLING ADDRESS** Enter the address that all correspondence and bills should be sent.
- 133e. **MAILING/BILLING CITY** Enter the city for the mailing/billing address.
- 133f. **MAILING/BILLING STATE** Enter the 2 character state abbreviation for the mailing/billing address.
- 133g. **MAILING/BILLING ZIP CODE** Enter the zip code for the mailing/billing address. The extra 4 digit s in the zip code may also be added.
134. **DATE** Enter the date that the document was signed. (YYYYMMDD, ex. 1999/07/01)
135. **NAME OF DOCUMENT PREPARER** Enter the full name of the person who prepared the inventory submittal information.
136. **NAME OF SIGNER** Enter the full printed name of the person signing the page.
SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies the signer is familiar with the information submitted, and based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the information is true, accurate and complete.
137. **TITLE OF SIGNER** Enter the title of the person signing the page.

INTENTIONALLY LEFT BLANK

**City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN**

COVER PAGE

FACILITY IDENTIFICATION

BUSINESS NAME	3	FACILITY ID # 1	
SITE ADDRESS	103	CITY	104
		ZIP CODE	105

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.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

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:

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.

Printed Name of Owner/ Operator	Title of Owner/Operator
Signature of Owner/ Operator X	Date

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 the City of Santa Monica Environmental Programs.

**City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN**

ADVISORY

The site-specific 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. The contingency plan shall be reviewed, and immediately amended, if necessary, whenever:

- ▶ The plan fails in an emergency,
- ▶ The facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- ▶ The list of emergency coordinators changes, or
- ▶ The list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

UST owners/operators be advised that the City of Glendale, Environmental Management Center must be notified within 30 days of any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan.

**City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN
SECTION I: BUSINESS PLAN and CONTINGENCY PLAN**

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION			
BUSINESS NAME	3	FACILITY ID # 1	
SITE ADDRESS	103	CITY	104
		ZIP CODE	105
II. EMERGENCY CONTACTS			
PRIMARY		SECONDARY	
NAME	123	NAME	128
TITLE	124	TITLE	129
BUSINESS PHONE	125	BUSINESS PHONE	130
24-HOUR PHONE	126	24-HOUR PHONE	131
ÖÖSSÄUPUÐÖ	127	ÖÖSSÄUPUÐÖ	132
III. EMERGENCY RESPONSE PLANS AND PROCEDURES			
A. Notifications			
<p>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, <u>immediately</u> call: FIRE/PARAMEDICS/POLICE/SHERIFF PHONE: 911</p>			
<p>AFTER the local emergency response personnel are notified, you shall then notify the Santa Monica Unified Program Agency (CUPA) and the Office of Emergency Services. City of Glendale CUPA: (818) 548-4030 State Office of Emergency Service: (800) 852-7550 or (916) 262-1621 National Response Center: (800) 424-8802</p>			
Information to be provided during Notification:			
<ul style="list-style-type: none"> ▶ 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			
HOSPITAL/CLINIC:		PHONE NO:	
ADDRESS:			
CITY:		ZIP CODE:	

**City of Glendale– Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN
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.

NAME OF CONTRACTOR:	PHONE NO:
ADDRESS:	
CITY:	ZIP CODE:

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:

E. Evacuation Plan

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

Verbal	Telephone (<i>including cellular</i>)	Alarm System	Public Address System	Intercom
Pagers	Portable Radio	Other (<i>specify</i>):		

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:

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:	

**City of Glendale – Unified Program (CUPA) Agency
 780 Flower Street, Glendale, CA 91201
 CONSOLIDATED CONTINGENCY PLAN
 SECTION I: BUSINESS PLAN and CONTINGENCY PLAN**

G. Emergency Procedures
Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:
1. PREVENTION (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.
2. MITIGATION (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?
3. ABATEMENT (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?

**City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN
SECTION I: BUSINESS PLAN and CONTINGENCY PLAN**

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

1. Equipment Category	2. Equipment Type	3. Location *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	~Cartridge Respirators		
	~Chemical Monitoring Equipment (<i>describe</i>)		
	~Chemical Protective Aprons/Coats		
	~ Chemical Protective Boots		
	~Chemical Protective Gloves		
	~ Chemical Protective Suits (<i>describe</i>)		
	~Face Shields		
	~ First Aid Kits/Stations (<i>describe</i>)		
	~ Hard Hats		
	~Plumbed Eye Wash Stations		
	~ Portable Eye Wash Kits (<i>i.e. bottle type</i>)		
	~ Respirator Cartridges (<i>describe</i>)		
	~ Safety Glasses/Splash Goggles		
	~ Safety Showers		
Fire Extinguishing Systems	~ Self-Contained Breathing Apparatuses(SCBA)		
	~ Other (<i>describe</i>)		
	~ Automatic Fire Sptinkler Systems		
	~ Fire Alarm Boxes/Stations		
Spill Control Equipment and Decontamination Equipment	~ Fire Extinguisher Systems (<i>describe</i>)		
	~ Other (<i>describe</i>)		
	~ Absorbents (<i>describe</i>)		
	~ Berms/Dikes (<i>describe</i>)		
	~ Decontamination Equipment (<i>describe</i>)		
	~ Emergency Tanks (<i>describe</i>)		
	~ Exhaust Hoods		
	~ Gas Cylinders Leak Repair Kits (<i>describe</i>)		
	~ Neutralizers (<i>describe</i>)		
Communications and Alarm Systems	~ Overpack Drums		
	~ Sumps (<i>describe</i>)		
	~ Other (<i>describe</i>)		
	~ Chemical Alarms (<i>describe</i>)		
	~ Intercoms/ PA Systems		
Additional Equipment (Use Additional Pages if Needed.)	~ Portable Radios		
	~ Telephones		
	~ Underground Tank Leak Detection Monitors		
	~ Other (<i>describe</i>)		

* 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.

**City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN
SECTION I: BUSINESS PLAN and CONTINGENCY PLAN**

V. EMPLOYEE TRAINING

All facilities which handle hazardous materials must have a written employee training plan. An outline of a typical plan has been provided below for you to complete and submit. The items listed below are required per Health and Safety Code Section 25504 (c) and Title 19 Section 2732.

Facility personnel are trained as follows:

▶	1. Familiarity with all plans and procedures specified in the Contingency Plan.
▶	2. Methods for Safe Handling of Hazardous Materials.
▶	3. Safety procedures in the event of a release or threatened release of a hazardous material.
▶	4. Use of Emergency Response equipment and supplies under the control of the business.
▶	5. Procedures for Coordination with local Emergency Response Organizations.

Training shall be provided:

- ▶ Initially for all new employees.
- ▶ Annually, including refresher courses, for all employees.

Note: These training programs may take into consideration the position of each employee.

Additional training should include:

- ▶ 1. Internal alarm/notification procedures.
- ▶ 2. Evacuation/re-entry procedures and assembly point locations.
- ▶ 3. Material Safety Data Sheet (MSDS) training including specific hazard(s) of each chemical to which employees may be exposed, including routes of exposure (*i.e. inhalation, ingestion, absorption*).

VI. HAZARDOUS WASTE GENERATOR TRAINING

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also required to document training. The items below are required.

EMPLOYEE TRAINING
1. Facility personnel will successfully complete training within six months after the date of their employment or assignment to a facility or to a new position at a facility.
2. Employees will not handle hazardous wastes without supervision until trained.
TRAINING DOCUMENTATION
1. The owner or operator must maintain the following documents and records at the facility:
2. Job title for each position at the facility that is related to hazardous waste management, and the names of the employee(s) filling the position(s).
3. Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position).
4. Description of <i>type</i> and <i>amount</i> of both introductory and continuing training given to each employee.
5. Records that document that the requirements for training or job experience have been met.
6. Current employees' training records (to be retained until closure of the facility).
7. Former employees' training records (to be retained at least three years after termination of employment).

**City of Glendale – Unified Program (CUPA) Agency
 780 Flower Street. Glendale, CA 91201
 CONSOLIDATED CONTINGENCY PLAN
 SECTION II: UST EMERGENCY RESPONSE and MONITORING PLAN**

SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN

I. FACILITY IDENTIFICATION			
BUSINESS NAME	3	FACILITY ID # 1	
SITE ADDRESS	103	CITY	104
		ZIP CODE	105
II. MONITORING PLAN AND PROCEDURES			
1. The frequency of monitoring is as follows:			
a. Tank:			
b. Piping:			
2. The methods and equipment (name and model) used for monitoring include:			
a. Tank:			
b. Piping:			
3. The location (s) where monitoring will be performed include:			
Attach one page plot plan showing: <ol style="list-style-type: none"> 1. Location of underground storage tanks, buildings, and property lines. 2. Location of monitoring points and the monitoring system is located. 			
4. The name(s) of responsible person (s) performing the monitoring and/or maintaining the equipment include:			
5. The reporting format for all monitoring performed is as follows:			
a. Tank:			
b. Piping:			
6. The preventative maintenance schedule for the monitoring equipment is:			
7. The training necessary for the operation of UST systems, including piping and monitoring equipment includes:			
Note: Training is scheduled and provided on _____ basis and training records for personnel are kept at the facility.			

Be advised that this Emergency Response and Monitoring Plan must be kept at the UST location at all times. The local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures. Consult your local UST agency for additional information on State and any local regulatory requirements concerning this Plan.

**City of Glendale – Unified Program (CUPA) Agency
 780 Flower Street, Glendale, CA 91201
 CONSOLIDATED CONTINGENCY PLAN
 SECTION II: UST EMERGENCY RESPONSE and MONITORING PLAN**

III. EMERGENCY RESPONSE PLAN

1. If an unauthorized release occurs, hazardous substances will be cleaned up by:

2. Agency notifications will be made as detailed in Section I of the Contingency Plan, and the local agency responsible for Underground Storage Tanks (USTs) shall be notified as required by state and local laws and regulations.

Local UST Agency	Phone
------------------	-------

3. The following persons are responsible for authorizing work necessary under the response plan:

Name	Title	Phone

Additional Persons

4. The proposed methods and equipment to be used for removing and properly disposing of hazardous substances and cleanup wastes are the following:

5. The location and availability of the required cleanup equipment listed in item #4 is as follows:

6. The maintenance schedule for the cleanup equipment is as follows:

7. Additional information:

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
CONSOLIDATED CONTINGENCY PLAN
SECTION I and SECTION II: SITE MAP

BUSINESS NAME			3
SITE ADDRESS	103	CITY	104 GLENDALE
		ZIP CODE	105
DATE MAP DRAWN	MAP #	FACILITY ID #	1

	A	B	C	D	E	F	G	H	I	J
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

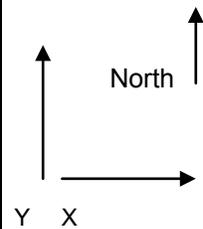
For Site Map

- 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

Scale:
1" = _____ Ft.



STANDARD SITE MAP SYMBOLS

BUILDING ACCESS.....	A						
FENCE.....							
SAFE REFUGE AREA (EVACUATION).....	*						
SEWER DRAIN.....	Σ						
STORM DRAIN.....							
FIRE HYDRANT.....	●						
COMBINED STANDPIPE SPRINKLER CONNECTION.....	CS/SP						
COMBINATION STANDPIPE CONNECTION.....	CS						
DRY STANDPIPE CONNECTION.....	DS						
DRY STANDPIPE OUTLET.....	DP						
WET STANDPIPE OUTLET.....	WP						
SPRINKLER CONNECTION.....	SP						
STAIRWAY—RANGE OF FLOORS (I.E. 1 THRU ROOF)	<table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td>R</td> </tr> </table>	1					R
1					R		
UST -- <table border="1" style="display: inline-table; text-align: center; width: 80px;">5000 Gal</table> AST -- <table border="1" style="display: inline-table; text-align: center; width: 80px;">500 Gal</table>							
ELEVATOR – RANGE OF FLOORS (I.E. 1 THRU 5).....	1 <table border="1" style="display: inline-table; text-align: center; width: 30px;">E</table> 5						
KNOX BOX (F.D. KEY BOX).....	K						
FIRE ALARM ANNUCIATOR PANEL.....	<table border="1" style="display: inline-table; text-align: center; width: 40px;">AP</table>						
ELECTRIC MAIN SHUTOFF.....	<table border="1" style="display: inline-table; text-align: center; width: 40px; border-radius: 50%;">E</table>						
GAS MAIN SHUTOFF.....	<table border="1" style="display: inline-table; text-align: center; width: 40px; border-radius: 50%;">G</table>						
WATER MAIN SHUTOFF.....	<table border="1" style="display: inline-table; text-align: center; width: 40px; border-radius: 50%;">W</table>						

HAZARDOUS MATERIALS MAP SYMBOLS

FLAMMABLE / COMBUSTIBLE LIQUIDS (L) & SOLIDS (S)	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">FL</table>	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">FS</table>				
CORROSIVE LIQUIDS (L) & SOLIDS (S)	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">CL</table>	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">CS</table>				
OXIDIZERS LIQUIDS (L) & SOLIDS (S)	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">OL</table>	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">OS</table>				
ORGANIC PEROXIDES & UNSTABLE LIQUIDS (L) & SOLIDS (S)	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">UL</table>	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">US</table>				
WATER REACTIVE AIR REACTIVE	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">W</table>	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">A</table>				
TOXIC / POISON LIQUIDS (L) & SOLIDS (S)	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">TS</table>	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">TS</table>				
RADIOACTIVE LIQUIDS (L) & SOLIDS (S)	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">RL</table>	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">RS</table>				
COMPRESSED GASES / LIQUIDS INERT (I), CORROSIVE (C), FLAMMABLE (F), OXIDIZING (O), TOXIC (T), CRYOGENIC (Y)	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">GC</table>	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">GF</table>	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">GO</table>	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">GT</table>	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">GY</table>	<table border="1" style="display: inline-table; width: 60px; height: 60px; border-style: dashed;">GI</table>

II. HAZARDOUS MATERIALS SECTION

To be completed by all businesses that handle hazardous materials and/or regulated substances (including extremely hazardous substances)

Be advised that appropriate signatures must be provided on forms.

THIS SECTION INCLUDES:

○ **HAZARDOUS MATERIALS INVENTORY FORM - CHEMICAL DESCRIPTION**

One chemical per page. Make photocopies as necessary.

CAS Numbers must be provided for each chemical and hazardous component. To obtain the CAS#, refer to the chemical's MSDS (Materials Safety Data Sheet), or contact the chemical's manufacturer, or the Chemical Abstracts Service at (614) 447-3600.

Facilities reporting chemicals subject to EPCRA (the Federal Emergency Planning and Community Right-to-Know Act) reporting thresholds must sign each page for each EPCRA reported chemical. For more information on EPCRA, contact US EPA at (800) 535-0202 or visit US EPA's EPCRA website at www.epa.gov/opptintr/tri.

○ **REGULATED SUBSTANCE REGISTRATION FORM**
One chemical per page. Make photocopies as necessary.

○ **REGULATED SUBSTANCE LIST**

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

I. FACILITY INFORMATION												
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)									3			
CHEMICAL LOCATION					201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)				202		
						YES	NO					
FACILITY ID #				1	MAP#		203	GRID#		204		
II. CHEMICAL INFORMATION												
CHEMICAL NAME					205	TRADE SECRET				206		
						Yes	No					
						<small>If Subject to EPCRA, refer to instructions</small>						
COMMON NAME					207	EHS*				208		
						Yes	No					
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.						
FIRE CODE HAZARD CLASSES										210		
HAZARDOUS MATERIAL TYPE (Check one item only)				211	RADIOACTIVE			212	CURIES		213	
a. PURE					Yes			No				
b. MIXTURE												
c. WASTE												
PHYSICAL STATE (Check one item only)					214	LARGEST CONTAINER					215	
a. SOLID												
b. LIQUID												
c. GAS												
FED HAZARD CATEGORIES (Check all that apply)										216		
a. FIRE			b. REACTIVE		c. PRESSURE RELEASE		d. ACUTE HEALTH		e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT			217	MAXIMUM DAILY AMOUNT		218	ANNUAL WASTE AMOUNT		219	STATE WASTE CODE		220
UNITS* (Check one item only)				221	DAYS ON SITE:				222			
a. GALLONS					b. CUBIC FEET							
c. POUNDS					d. TONS							
					* If EHS, amount must be in pounds.							
STORAGE CONTAINER	a. ABOVE GROUND TANK		e. PLASTIC/NONMETALLIC DRUM		i. FIBER DRUM		m. GLASS BOTTLE		q. RAIL CAR			
	b. UNDERGROUND TANK		f. CAN		j. BAG		n. PLASTIC BOTTLE		r. OTHER			
	c. TANK INSIDE BUILDING		g. CARBOY		k. BOX		o. TOTE BIN					
	d. STEEL DRUM		h. SILO		l. CYLINDER		p. TANK WAGON		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	HAZARDOUS COMPONENT (For mixture or waste only)				EHS			CAS #				
1	226					227	Yes	No	228	229		
2	230					231	Yes	No	232	233		
3	234					235	Yes	No	236	237		
4	238					239	Yes	No	240	241		
5	242					243	Yes	No	244	245		
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										246		
If EPCRA, Please Sign Here <u> X </u> (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)												

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

I. FACILITY INFORMATION											
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)									3		
CHEMICAL LOCATION					201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)				202	
						YES	NO				
FACILITY ID #				1	MAP#		203	GRID#		204	
II. CHEMICAL INFORMATION											
CHEMICAL NAME					205	TRADE SECRET				206	
						Yes	No				
						<small>If Subject to EPCRA, refer to instructions</small>					
COMMON NAME					207	EHS*				208	
						Yes	No				
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.					
FIRE CODE HAZARD CLASSES										210	
HAZARDOUS MATERIAL TYPE (Check one item only)				211	RADIOACTIVE			212	CURIES		213
a. PURE					Yes			No			
b. MIXTURE											
c. WASTE											
PHYSICAL STATE (Check one item only)					214	LARGEST CONTAINER					215
a. SOLID											
b. LIQUID											
c. GAS											
FED HAZARD CATEGORIES (Check all that apply)										216	
a. FIRE			b. REACTIVE		c. PRESSURE RELEASE		d. ACUTE HEALTH		e. CHRONIC HEALTH		
217			218		219		220		221		
AVERAGE DAILY AMOUNT			MAXIMUM DAILY AMOUNT		ANNUAL WASTE AMOUNT		STATE WASTE CODE		DAYS ON SITE:		
UNITS* (Check one item only)					221	DAYS ON SITE:					222
a. GALLONS						b. CUBIC FEET					
						* If EHS, amount must be in pounds.					
c. POUNDS						d. TONS					
STORAGE CONTAINER										223	
a. ABOVE GROUND TANK			e. PLASTIC/NONMETALLIC DRUM			i. FIBER DRUM		m. GLASS BOTTLE		q. RAIL CAR	
b. UNDERGROUND TANK			f. CAN			j. BAG		n. PLASTIC BOTTLE		r. OTHER	
c. TANK INSIDE BUILDING			g. CARBOY			k. BOX		o. TOTE BIN			
d. STEEL DRUM			h. SILO			l. CYLINDER		p. TANK WAGON			
STORAGE PRESSURE										224	
a. AMBIENT			b. ABOVE AMBIENT		c. BELOW AMBIENT						
STORAGE TEMPERATURE										225	
a. AMBIENT			b. ABOVE AMBIENT		c. BELOW AMBIENT		d. CRYOGENIC				
%WT	HAZARDOUS COMPONENT (For mixture or waste only)				EHS			CAS #			
1	226					227	Yes	No	228	229	
2	230					231	Yes	No	232	233	
3	234					235	Yes	No	236	237	
4	238					239	Yes	No	240	241	
5	242					243	Yes	No	244	245	
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.										246	
ADDITIONAL LOCALLY COLLECTED INFORMATION											
If EPCRA, Please Sign Here <u> X </u>											
<i>(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)</i>											

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

I. FACILITY INFORMATION												
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)									3			
CHEMICAL LOCATION					201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)				202		
					YES		NO					
FACILITY ID #				1	MAP#		203	GRID#		204		
II. CHEMICAL INFORMATION												
CHEMICAL NAME					205	TRADE SECRET			206			
					Yes		No					
					<small>If Subject to EPCRA, refer to instructions</small>							
COMMON NAME					207	EHS*			208			
					Yes		No					
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.						
FIRE CODE HAZARD CLASSES										210		
HAZARDOUS MATERIAL TYPE (Check one item only)				211	RADIOACTIVE			212	CURIES		213	
a. PURE				b. MIXTURE		c. WASTE		Yes		No		
PHYSICAL STATE (Check one item only)					214	LARGEST CONTAINER					215	
a. SOLID					b. LIQUID		c. GAS					
FED HAZARD CATEGORIES (Check all that apply)										216		
a. FIRE			b. REACTIVE		c. PRESSURE RELEASE		d. ACUTE HEALTH		e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT			217	MAXIMUM DAILY AMOUNT		218	ANNUAL WASTE AMOUNT		219	STATE WASTE CODE		220
UNITS* (Check one item only)					221	DAYS ON SITE:			222			
a. GALLONS					b. CUBIC FEET		c. POUNDS		d. TONS			
					<small>* If EHS, amount must be in pounds.</small>							
STORAGE CONTAINER	a. ABOVE GROUND TANK		e. PLASTIC/NONMETALLIC DRUM		i. FIBER DRUM		m. GLASS BOTTLE		q. RAIL CAR			
	b. UNDERGROUND TANK		f. CAN		j. BAG		n. PLASTIC BOTTLE		r. OTHER			
	c. TANK INSIDE BUILDING		g. CARBOY		k. BOX		o. TOTE BIN					
	d. STEEL DRUM		h. SILO		l. CYLINDER		p. TANK WAGON					
										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	HAZARDOUS COMPONENT (For mixture or waste only)				EHS			CAS #				
1	226					227	Yes		No		228	229
2	230					231	Yes		No		232	233
3	234					235	Yes		No		236	237
4	238					239	Yes		No		240	241
5	242					243	Yes		No		244	245
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.										246		
ADDITIONAL LOCALLY COLLECTED INFORMATION										246		
If EPCRA, Please Sign Here <u> X </u>												
<i>(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)</i>												

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

I. FACILITY INFORMATION												
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)									3			
CHEMICAL LOCATION					201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)				202		
						YES	NO					
FACILITY ID #				1	MAP#		203	GRID#		204		
II. CHEMICAL INFORMATION												
CHEMICAL NAME					205	TRADE SECRET				206		
						Yes	No					
						If Subject to EPCRA, refer to instructions						
COMMON NAME					207	EHS*				208		
						Yes	No					
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.						
FIRE CODE HAZARD CLASSES										210		
HAZARDOUS MATERIAL TYPE (Check one item only)				211	RADIOACTIVE			212	CURIES		213	
a. PURE					Yes			No				
b. MIXTURE												
c. WASTE												
PHYSICAL STATE (Check one item only)					214	LARGEST CONTAINER				215		
a. SOLID												
b. LIQUID												
c. GAS												
FED HAZARD CATEGORIES (Check all that apply)					216							
a. FIRE						b. REACTIVE		c. PRESSURE RELEASE		d. ACUTE HEALTH	e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT			217	MAXIMUM DAILY AMOUNT			218	ANNUAL WASTE AMOUNT		219	STATE WASTE CODE	220
UNITS* (Check one item only)					221	DAYS ON SITE:				222		
a. GALLONS						b. CUBIC FEET		c. POUNDS		d. TONS		
						* If EHS, amount must be in pounds.						
STORAGE CONTAINER		a. ABOVE GROUND TANK		e. PLASTIC/NONMETALLIC DRUM		i. FIBER DRUM		m. GLASS BOTTLE		q. RAIL CAR		
		b. UNDERGROUND TANK		f. CAN		j. BAG		n. PLASTIC BOTTLE		r. OTHER		
		c. TANK INSIDE BUILDING		g. CARBOY		k. BOX		o. TOTE BIN				
		d. STEEL DRUM		h. SILO		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						227	Yes	No	228	229	
2	230						231	Yes	No	232	233	
3	234						235	Yes	No	236	237	
4	238						239	Yes	No	240	241	
5	242						243	Yes	No	244	245	
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										246		
If EPCRA, Please Sign Here <u> X </u> (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)												

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

I. FACILITY INFORMATION												
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)									3			
CHEMICAL LOCATION					201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)				202		
						YES	NO					
FACILITY ID #				1	MAP#		203	GRID#		204		
II. CHEMICAL INFORMATION												
CHEMICAL NAME					205	TRADE SECRET				206		
						Yes	No					
						<small>If Subject to EPCRA, refer to instructions</small>						
COMMON NAME					207	EHS*				208		
						Yes	No					
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.						
FIRE CODE HAZARD CLASSES										210		
HAZARDOUS MATERIAL TYPE (Check one item only)				211	RADIOACTIVE			212	CURIES		213	
a. PURE					Yes			No				
b. MIXTURE												
c. WASTE												
PHYSICAL STATE (Check one item only)					214	LARGEST CONTAINER					215	
a. SOLID												
b. LIQUID												
c. GAS												
FED HAZARD CATEGORIES (Check all that apply)										216		
a. FIRE			b. REACTIVE		c. PRESSURE RELEASE		d. ACUTE HEALTH		e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT			217	MAXIMUM DAILY AMOUNT		218	ANNUAL WASTE AMOUNT		219	STATE WASTE CODE		220
UNITS* (Check one item only)				221	DAYS ON SITE:				222			
a. GALLONS					b. CUBIC FEET							
c. POUNDS					d. TONS							
					* If EHS, amount must be in pounds.							
STORAGE CONTAINER	a. ABOVE GROUND TANK		e. PLASTIC/NONMETALLIC DRUM		i. FIBER DRUM		m. GLASS BOTTLE		q. RAIL CAR			
	b. UNDERGROUND TANK		f. CAN		j. BAG		n. PLASTIC BOTTLE		r. OTHER			
	c. TANK INSIDE BUILDING		g. CARBOY		k. BOX		o. TOTE BIN					
	d. STEEL DRUM		h. SILO		l. CYLINDER		p. TANK WAGON		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	HAZARDOUS COMPONENT (For mixture or waste only)				EHS			CAS #				
1	226					227	Yes	No	228	229		
2	230					231	Yes	No	232	233		
3	234					235	Yes	No	236	237		
4	238					239	Yes	No	240	241		
5	242					243	Yes	No	244	245		
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										246		
If EPCRA, Please Sign Here <u> X </u> (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)												

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

I. FACILITY INFORMATION												
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)									3			
CHEMICAL LOCATION					201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)				202		
					YES		NO					
FACILITY ID #				1	MAP#		203	GRID#		204		
II. CHEMICAL INFORMATION												
CHEMICAL NAME					205	TRADE SECRET				206		
					Yes		No					
					<small>If Subject to EPCRA, refer to instructions</small>							
COMMON NAME					207	EHS*				208		
					Yes		No					
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.						
FIRE CODE HAZARD CLASSES										210		
HAZARDOUS MATERIAL TYPE (Check one item only)				211	RADIOACTIVE			212	CURIES		213	
a. PURE				b. MIXTURE		c. WASTE						
PHYSICAL STATE (Check one item only)				214	LARGEST CONTAINER					215		
a. SOLID				b. LIQUID		c. GAS						
FED HAZARD CATEGORIES (Check all that apply)					216							
a. FIRE					b. REACTIVE		c. PRESSURE RELEASE		d. ACUTE HEALTH		e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT			217	MAXIMUM DAILY AMOUNT			218	ANNUAL WASTE AMOUNT		219	STATE WASTE CODE	220
UNITS* (Check one item only)					221	DAYS ON SITE:				222		
a. GALLONS					b. CUBIC FEET		c. POUNDS		d. TONS			
					<small>* If EHS, amount must be in pounds.</small>							
STORAGE CONTAINER	a. ABOVE GROUND TANK		e. PLASTIC/NONMETALLIC DRUM			i. FIBER DRUM		m. GLASS BOTTLE		q. RAIL CAR		
	b. UNDERGROUND TANK		f. CAN			j. BAG		n. PLASTIC BOTTLE		r. OTHER		
	c. TANK INSIDE BUILDING		g. CARBOY			k. BOX		o. TOTE BIN				
	d. STEEL DRUM		h. SILO			l. CYLINDER		p. TANK WAGON		223		
STORAGE PRESSURE					224							
a. AMBIENT					b. ABOVE AMBIENT		c. BELOW AMBIENT					
STORAGE TEMPERATURE					225							
a. AMBIENT					b. ABOVE AMBIENT		c. BELOW AMBIENT		d. CRYOGENIC			
%WT	HAZARDOUS COMPONENT (For mixture or waste only)				EHS			CAS #				
1	226				227	Yes		No		228	229	
2	230				231	Yes		No		232	233	
3	234				235	Yes		No		236	237	
4	238				239	Yes		No		240	241	
5	242				243	Yes		No		244	245	
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										246		
If EPCRA, Please Sign Here <u> X </u> (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)												

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731) - INSTRUCTIONS

Complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) handled at your facility in aggregate quantities equal to or greater than 50 pounds, 5 gallons, 50 cubic feet of gas (calculated at standard temperature and pressure), or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less, or Uniform Fire Code permit amounts. Also, complete a page for each radioactive material handled over quantities for which an emergency plan is required by 10 CFR Parts 30, 40, or 70. Completed inventories should reflect all reportable quantities of hazardous materials at your facility, reported **separately** for each building or outside adjacent area, with **separate** pages for unique occurrences of physical state, storage temperature and storage pressure. Please, number all pages of your submittal.

1. **FACILITY ID NUMBER** This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. **BUSINESS NAME** Enter the full legal name of the business.
200. **ADD/DELETE/ REVISE** Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
201. **CHEMICAL LOCATION** Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC § 25506.
202. **CHEMICAL LOCATION CONFIDENTIAL – EPCRA** All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential; otherwise, check "No".
203. **MAP NUMBER** If a map is included, enter the number of the map on which the location of the hazardous material is shown.
204. **GRID NUMBER** If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material.
205. **CHEMICAL NAME** Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; instead, complete the "COMMON NAME" field.
206. **TRADE SECRET** - Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not. **State requirement:** if yes, and the business is not subject to EPCRA, disclosure of trade secret information is bound by HSC § 25511. **Federal requirement:** If yes, and the business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR, and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to U.S. EPA.
207. **COMMON NAME** Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
208. **EHS:** Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
209. **CAS #:** Enter the Chemical Abstract Service number for the hazardous material. For mixtures, enter the CAS number of the mixture only if it has a number; otherwise, leave this blank and report CAS numbers of the individual hazardous components in the appropriate section below.
210. **FIRE CODE HAZARD CLASSES** This information shall be provided if the local fire chief deems it necessary and requests the CUPA or PA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are found in the attachment "Uniform Fire Code Permit Amounts". If a material has more than one hazard class, include all.
211. **HAZARDOUS MATERIAL TYPE** Check the one box that best describes the type of hazardous material: pure, mixture or waste. If the substance is a waste, check only that box. If the substance is a mixture or waste, complete the hazardous components section.
212. **RADIOACTIVE** Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. **CURIES** If the material is radioactive, report the activity in curies; use up to nine digits with a floating decimal point to report activity in curies.
214. **PHYSICAL STATE** Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
215. **LARGEST CONTAINER** Enter the total capacity of the largest container in which the material is stored.
216. **FEDERAL HAZARD CATEGORIES** Check all categories that describe the physical and health hazards associated with the hazardous material. **Fire:** Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, and Oxidizers. **Pressure Release:** Explosives, Compressed Gases, and Blasting Agents. **Acute Health (Immediate):** Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, and other chemicals with an adverse effect with short-term exposure. **Reactive:** Unstable Reactive, Organic Peroxides, Water Reactive, and Radioactive. **Chronic Health (Delayed):** Carcinogens, Teratogens, Mutagens, and other chemicals with an adverse effect with long term exposure.
217. **AVERAGE DAILY AMOUNT** Calculate the average daily amount of the hazardous material or mixture containing a hazardous material that you project to be on hand during the course of the year. Since most businesses tend to order materials, and only reorder their materials when they are nearly gone, their Average Daily Amount (ADA) tends to be equivalent to half of the largest shipment of a hazardous material delivered in the prior calendar year, plus the residual material that always remains. For example, if I had a machine that always has 50 gallons of solvent, and my largest order in the calendar year is 500 gallons of solvent, my ADA will be 300 gallons (1/2 of the 500 gallons received is 250 gallons, plus the 50 gallons in my machine). Assuming you use your hazardous materials at a fairly consistent rate, half the time you would have more than this amount, and half the time you would have less than this quantity. This amount should be consistent with the units reported.
218. **MAXIMUM DAILY AMOUNT** Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
219. **ANNUAL WASTE AMOUNT** If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220. **STATE WASTE CODE** If the material is a waste, enter the California 3-digit hazardous waste code from the Uniform Hazardous Waste Manifest.
221. **UNITS** Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. **DAYS ON SITE** List the total number of days during the year that the material is on site.
223. **STORAGE CONTAINER** Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
224. **STORAGE PRESSURE** Check the one box that best describes the pressure at which the hazardous material is stored.

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731) - INSTRUCTIONS

225. **STORAGE TEMPERATURE** Check the one box that best describes the temperature at which the hazardous material is stored.
226. **HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT)** Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report components 2 - 5 in boxes 230, 234, 238, and 242.)
227. **HAZARDOUS COMPONENTS 1-5 NAME:** When reporting a hazardous material mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, attach an additional sheet of paper to capture the required information. When reporting waste mixtures, list mineral and chemical composition. (Report components 2 - 5 in boxes 231, 235, 239, and 243.)
228. **HAZARDOUS COMPONENTS 1-5 EHS** Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report components 2 - 5 in boxes 232, 236, 240, and 244.)
229. **HAZARDOUS COMPONENTS 1-5 CAS** List Chemical Abstract Service numbers of the hazardous components in the mixture. (Repeat for 2-5.)
246. **LOCALLY COLLECTED INFORMATION** Contact your local agency about if they require additional hazardous materials inventory information.

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
REGULATED SUBSTANCE REGISTRATION

THIS PAGE IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (INCLUDING FEDERAL LISTED AND STATE LISTED EXTREMELY HAZARDOUS SUBSTANCES) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE Cal ARP (CALIFORNIA ACCIDENTAL RELEASE PREVENTION) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A REGISTRATION FOR EACH REGULATED SUBSTANCE PER EACH PROCESS.

BUSINESS NAME		3
FACILITY ID#	1	EPA ID #
		2
PROGRAM LEVEL		1 2 3 246a
NAME OF CORPORATE PARENT COMPANY		246b 106
PERSON RESPONSIBLE FOR RMP (First Name, Last Name)		246c TITLE 246d
LATITUDE	246e	LONGITUDE
		246f PROCESS SIC 107a
DOES THE FACILITY HAVE SUBSTANCES LISTED IN 40 CFR 355 APPENDIX A (EHS)?		208 246g
YES NO		DO ANY PROCESSES REQUIRE A CLEAN AIR ACT TITLE V OPERATING PERMIT ?
		YES NO
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM) ?		246h 246i
YES NO		LAST SAFETY INSPECTION
		DATE AGENCY
CHEMICAL NAME		205 CAS# 209
MAXIMUM DAILY AMOUNT		218a UNITS IN POUNDS 221
<u>PROCESS DESCRIPTION:</u>		246j
PRINCIPAL EQUIPMENT: _____		246k
CERTIFICATION		
I, the owner or operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge based upon reasonable inquiry. I am fully aware that this certification executed on the date indicated below is made under penalty of perjury under the laws of the State of California.		
OWNER/OPERATOR NAME		246l OWNER/OPERATOR TITLE 246m
OWNER/OPERATOR SIGNATURE		DATE 246n
X _____		

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
REGULATED SUBSTANCE REGISTRATION - INSTRUCTIONS

This page is to be completed for a Stationary Source that handles a Regulated Substance (RS) in a process at or above the threshold quantity. Regulated Substances (including Federal and State Listed Extremely Hazardous Substances (EHS)) must be registered for the purpose of complying with the California Accidental Release Prevention (Cal ARP) program. The owner or operator shall complete a Hazardous Materials Inventory – Chemical Description page and a Regulated Substance Registration for each Regulated Substance per process. Contact your local agency (CUPA or PA) for any additional assistance.

Note: A list of Federal and State Regulated Substances is attached for your reference.

1. **FACILITY ID NUMBER** This number is assigned by the CUPA. This unique number identifies your facility.
2. **EPA ID NUMBER** Enter your facility's 12-character EPA identification number.
3. **BUSINESS NAME** Enter the full legal name of the business.
106. **DUN & BRADSTREET** Enter the Dun and Bradstreet number of the Principal Company or entity which owns at least 50 percent of the voting stock. The Dun and Bradstreet number allows your business to be cross referenced to various business information. You may be able to obtain this number from your finance department. If your business does not have this information, contact Dun and Bradstreet at (610) 882-7748 or via the internet at www.dnb.com.
- 107a. **PROCESS SIC CODE** Enter the specific *Standard Industrial Classification Code* for the process using, treating, storing, producing, disposing, or otherwise handling regulated substances.
205. **CHEMICAL NAME** Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS).
208. **EPCRA SECTION 302** The Emergency Planning and Community Right-to-Know Act requires notification of local authorities of the presence of certain Extremely Hazardous Substances listed in 40 CFR 302.209. If you have a toxic regulated substance above the threshold quantity in a process, you are subject to EPCRA 302 and must check the box marked "yes."
209. **CAS #** Enter the Chemical Abstract Service number for the hazardous material.
- 218a. **MAXIMUM DAILY AMOUNT** Enter the maximum amount of hazardous material or mixture containing a hazardous material which is handled in the process at any one time over the course of the year.
221. **UNITS IN POUNDS** Leave this box blank. Note: All Regulated Substances must be reported in pounds.
- 246a. **PROGRAM LEVEL** Indicate the proper *Program Level* this process falls under. Mark either Program 1, 2, or 3 to identify with which program the process complies.
- 246b. **NAME OF CORPORATE PARENT COMPANY** Enter the legal name of the Principal Company or entity which owns at least 50 percent of the voting stock.
- 246c. **PERSON RESPONSIBLE FOR RMP** Enter the name of the person designated as responsible for the RMP.
- 246d. **PERSON RESPONSIBLE FOR RMP - TITLE** Enter the title of the person designated as responsible for the RMP.
- 246e. **LATITUDE** Enter the degrees of latitude for the business location. Latitude is the degrees north or south of the equator. Latitude is measured in degrees, minutes, and seconds. We recommend the use of U.S. Geological Survey (USGS) topographical quadrangle maps to make this determination. Valid latitudes for LA County range from 33°17'53N to 34°49'14N. Be sure the latitude fits this range.
- 246f. **LONGITUDE** Enter the degrees of longitude for the business location. Longitude is the degrees east or west of the prime meridian. Longitude is measured in degrees, minutes, and seconds. We recommend the use of U.S. Geological Survey (USGS) topographical quadrangle maps to make this determination. Valid longitudes for LA County range from 117°38'39W to 118°56'39W. Be sure the latitude fits this range.
- 246g. **CAA TITLE V** State and local operating permit programs are required under Title V of the Clean Air Act (40 CFR Part 70). Title V requires major sources of air pollution to receive permits, pay fees to cover cost of administering the program, and sign a binding certification of compliance on all permit applications and documents. Check the appropriate box, "yes" or "no."
- 246h. **OSHA PSM** The OSHA Process Safety Management Standard, codified at 29 CFR 1910.119, is similar to the Program 3 prevention program, and is designed to protect workers from the effects of accidental releases of hazardous substances. *Note:* This question covers all processes at your facility; if any process at your facility is subject to OSHA PSM, you must answer yes even if the PSM process does not involve a Regulated Substance. Answer the question either "yes" or "no."
- 246i. **LAST SAFETY INSPECTION** Enter the date of the last safety inspection of your facility and indicate the Agency (OSHA, State OSHA, EPA, State EPA, Fire Dept., etc..) that performed the inspection.
- 246j. **PROCESS DESCRIPTION** Describe the *process* and/or operations involved in the use, treatment, storage, production, disposal or otherwise handling of the regulated substances (include process pressures and temperature, and whether it is a raw material or an intermediate). *Note:* Any group of interconnected vessels or separate vessels, located such that a regulated substance could be involved in a potential release, is considered a single process.
- 246k. **PRINCIPAL EQUIPMENT** List the equipment and/or components used in the process involving the Regulated Substance.
- 246l. **NAME OF OWNER / OPERATOR** The full name of the owner/operator who signed the registration page.
- 246m. **TITLE** Enter the title of the person signing the page.
- 246n. **DATE** Enter the date the page was signed.

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
REGULATED SUBSTANCE LIST

CHEMICAL NAME	CAS #	TQ	Listing Basis	o-Cresol CHEMICAL NAME	95-48-7 CAS #	1,000/10,000 ¹ TQ	Listing Basis
Acetaldehyde	75-07-0	10,000	g	Crimidine	535-89-7	100/10,000 ¹	
* Acetone Cyanohydrin	75-86-5	1,000		Crotonaldehyde ((E)-(2-Butenal,(E))-)123-73-9	1,000		b
Acetone Thiosemicarbazide	1752-30-3	1,000/10,000 ¹		Crotonaldehyde (2-Butenal)	4170-30-3	1,000	b
Acetylene (Ethyne)	74-86-2	10,000	f	Cyanogen (Ethanedinitrile)	460-19-5	10,000	f
Acrolein (2-Propenal)	107-02-8	500	b	Cyanogen Bromide	506-68-3	500/10,000 ¹	
Acrylamide	79-06-1	1,000/10,000 ¹		Cyanogen Chloride	506-77-4	10,000	c
Acrylonitrile (2- Propenenitrile)	107-13-1	10,000	b	Cyanogen Iodide	506-78-5	1,000/10,000 ¹	
Acrylyl Chloride (2-Propenoyl Chloride)	814-68-6	100	b	Cyanuric Fluoride	675-14-9	100	
Aldicarb	116-06-3	100/10,000 ¹		Cycloheximide	66-81-9	100/10,000 ¹	
Aldrin	309-00-2	500/10,000 ¹		Cyclohexylamine (Cyclohexanamine) 108-91-8	10,000		b
Allyl Alcohol (2-Propen-1-ol)	107-18-6	1,000	b	Cyclopropane	75-19-4	10,000	f
Allylamine (2-Propen-1-Amine)	107-11-9	500	b	Decaborane (14)	17702-41-9	500/10,000 ¹	
Aluminum Phosphide	20859-73-8	500		Dialifor	10311-84-9	100/10,000 ¹	
Aminopterin	54-62-6	500/10,000 ¹		Diborane	19287-45-7	100	b
Amiton Oxalate	3734-97-2	100/10,000 ¹		Dichlorosilane (Silane, Dichloro-)	4109-96-0	10,000	f
Ammonia, Anhydrous ²	7664-41-7	500	a,b	* Diepoxybutane	1464-53-5	500	
Ammonia, Aqueous (conc 20% or greater)	7664-41-7	20,000	a,b	Difluoroethane (Ethane, 1,1-Difluoro-)	75-37-6	10,000	f
* Aniline	62-53-3	1,000		Digitoxin	71-63-6	100/10,000 ¹	
Antimycin A	1397-94-0	1,000/10,000 ¹		Digoxin	20830-75-5	10/10,000 ¹	
ANTU (1-Naphthalenylthiourea)	86-88-4	500/10,000 ¹		Dimethoate	60-51-5	500/10,000 ¹	
Arsenic Pentoxide	1303-28-2	100/10,000 ¹		Dimethyl-p-Phenylenediamine	99-98-9	10/10,000 ¹	
Arsenous Oxide (Arsenic Trioxide)	1327-53-3	100/10,000 ¹		* Dimethyl Sulfate	77-78-1	500	
Arsenous Trichloride	7784-34-1	500	b	Dimethylamine (Methanamine, N-Methyl-)	124-40-3	10,000	f
Arsine (Arsenic Hydride)	7784-42-1	100	b	Dimethyldichlorosilane	75-78-5	500	b
Azinphos-Ethyl	2642-71-9	100/10,000 ¹		Dimethylhydrazine (1,1-Dimethylhydrazine)	57-14-7	1,000	b
Azinphos-Methyl [Guthion]	86-50-0	10/10,000 ¹		2,2-Dimethylpropane (Propane, 2,2-Dimethyl-)	463-82-1	10,000	f
Benzene, 1-(Chloromethyl)-4-Nitro-	100-14-1	500/10,000 ¹		Dimetilan	644-64-4	500/10,000 ¹	
Benzenearsonic Acid	98-05-5	10/10,000 ¹		Dinitrocresol (4,6-Dinitro-o-Cresol)	534-52-1	10/10,000 ¹	
Benzimidazole,4,5-Dichloro-2-(Trifluoromethyl)-	615-21-2	500/10,000 ¹		Dinoseb	88-85-7	100/10,000 ¹	
* Benzotrichloride (Benzoictrichloride)	98-07-7	100		Dinoterb	1420-07-1	500/10,000 ¹	
Bicyclo(2.2.1) Heptane-2-Carbonitrile, 5-Chloro-				Diphacinone	82-66-6	10/10,000 ¹	
6-(((Methylamino)Carbonyl)Oxy)Imino)-, (1s-(1-alpha, 2-beta, 4-alpha, 5-alpha, 6E))-	15271-41-7	500/10,000 ¹		* Disulfoton	298-04-4	500	
Bis(Chloromethyl) Ketone	534-07-6	10/10,000 ¹		Dithiazanine Iodide	514-73-8	500/10,000 ¹	
Bitoscanate	4044-65-9	500/10,000 ¹		Dithiobiuret	541-53-7	100/10,000 ¹	
Boron Trichloride (Trichloroborane)	10294-34-5	500	b	Emetine, Dihydrochloride	316-42-7	1/10,000 ¹	
Boron Trifluoride (Trifluoroborane)	7637-07-2	500		Endosulfan	115-29-7	10/10,000 ¹	
Boron Trifluoride Compound w/Methyl Ether(1:1) (Boron, Trifluoro (Oxybis (Metane)))-,T-4-	353-42-4	1,000	b	Endothion	2778-04-3	500/10,000 ¹	
Bromadiolone	28772-56-7	100/10,000 ¹		Endrin	72-20-8	500/10,000 ¹	
Bromine	7726-95-6	500	a,b	Epichlorohydrin ((Chloromethyl) Oxirane)	106-89-8	1,000	b
Bromotrifluoroethylene (Ethene, Bromotrifluoro-)	598-73-2	10,000	f	EPN (Phenylphosphonothioic Acid o-Ethyl- (4-Nitrophenyl) Ester)	2104-64-5	100/10,000 ¹	
1,3-Butadiene	106-99-0	10,000	f	Ergocalciferol	50-14-6	1,000/10,000 ¹	
Butane	106-97-8	10,000	f	Ergotamine Tartrate	379-79-3	500/10,000 ¹	
Butene	25167-67-3	10,000	f	Ethane	74-84-0	10,000	f
1-Butene	106-98-9	10,000	f	Ethyl Acetylene (1-Butyne)	107-00-6	10,000	f
2-Butene	107-01-7	10,000	f	Ethyl Chloride (Ethane, Chloro-)	75-00-3	10,000	f
2-Butene-cis	590-18-1	10,000	f	Ethyl Ether (Ethane, 1,1'-Oxybis-)	60-29-7	10,000	g
2-Butene-trans (2-Butene, (E))	624-64-6	10,000	f	Ethyl Mercaptan (Ethanethiol)	75-08-1	10,000	g
Cadmium Oxide	306-19-0	100/10,000 ¹		Ethyl Nitrite (Nitrous Acid, Ethyl Ester)	109-95-5	10,000	f
Cadmium Stearate	2223-93-0	1,000/10,000 ¹		Ethylamine (Ethanamine)	75-04-7	10,000	f
Calcium Arsenate	7778-44-1	500/10,000 ¹		Ethylene (Ethene)	74-85-1	10,000	f
Camphechlor	8001-35-2	500/10,000 ¹		Ethylene Fluorohydrin	371-62-0	10	
Cantharidin	56-25-7	100/10,000 ¹		Ethylene Oxide (Oxirane)	75-21-8	1,000	a,b
Carbachol Chloride	51-83-2	500/10,000 ¹		Ethylenediamine (1,2-Ethanediamine)	107-15-3	10,000 b	
Carbamic Acid, Methyl-,o-(((2,4-Dimethyl-1,3-Dithiolan-2-YL) Methylene)Amino)-	26419-73-8	100/10,000 ¹		Ethyleneimine (Aziridine)	151-56-4	500	b
Carbofuran	1563-66-2	10/10,000 ¹		Fenamiphos	22224-92-6	10/10,000 ¹	
Carbon Disulfide	75-15-0	10,000	b	Flueneil	4301-50-2	100/10,000 ¹	
Carbon Oxsulfide (Carbon Oxide Sulfide (COS))	463-58-1	10,000	f	Fluorine	7782-41-4	500	b
Chlorine	7782-50-5	100	a,b	Fluoroacetamide	640-19-7	100/10,000 ¹	
Chlorine Dioxide (Chlorine Oxide (ClO2))	10049-04-4	1,000	c	Fluoroacetic Acid	144-49-0	10/10,000 ¹	
Chlorine Monoxide (Chlorine Oxide)	7791-21-1	10,000	f	Fluoroacetyl Chloride	359-06-8	10	
Chloromequat Chloride	999-81-5	100/10,000 ¹		Fluorouracil	51-21-8	500/10,000 ¹	
Chloroacetic Acid	79-11-8	100/10,000 ¹		Formaldehyde ²	50-00-0	500	b
Chloroform	67-66-3	10,000	b	Formetamate Hydrochloride	23422-53-9	500/10,000 ¹	
Chloromethyl Ether (Methane,Oxybis(chloro-)	542-88-1	100	b	Formparanate	17702-57-7	100/10,000 ¹	
Chloromethyl Methyl Ether (Chloromethoxymethane)	107-30-2	100	b	Fuberidazole	3878-19-1	100/10,000 ¹	
Chlorophacinone	3691-35-8	100/10,000 ¹		Furan	110-00-9	500 b	
1-Chloropropylene (1-Propene, 1-Chloro-)	590-21-6	10,000	g	Gallium Trichloride	13450-90-3	500/10,000 ¹	
2-Chloropropylene (1-Propene, 2-Chloro-)	557-98-2	10,000	g	Hydrazine	302-01-2	1,000b	
Chloroxuron	1982-47-4	500/10,000 ¹		Hydrochloric Acid (conc 30% or greater)	7647-01-0	15,000	d
Chromic Chloride	10025-73-7	1/10,000 ¹		Hydrocyanic Acid	74-90-8	2,500	a,b
Cobalt,(2,2'-(1,2-Ethanediybis(Nitrilomethylidene))				Hydrogen	1333-74-0	10,000	f
Bis(6-Fluorophenolato)(2-)-N,N',O,O')-	62207-76-5	100/10,000 ¹		Hydrogen Chloride (Anhydrous Hydrochloric Acid),(Gas)	7647-01-0	500 a	
Cobalt Carbonyl	10210-68-1	10/10,000 ¹		Hydrogen Cyanide (Hydrocyanic Acid),(Gas)	74-90-8	100	
Colchicine	64-86-8	10/10,000 ¹		Hydrogen Fluoride/Hydrofluoric Acid (conc 50% or greater)			
Coumaphos	56-72-4	100/10,000 ¹		(Hydrofluoric Acid)	7664-39-3	1,000	a,b
Coumatetralyl	5836-29-3	500/10,000 ¹		Hydrogen Fluoride (Anhydrous Hydrofluoric Acid),(Gas)	7664-39-3	100	
				Hydrogen Selenide	7783-07-5	10 b	

Hydrogen Sulfide 7783-06-4 500 a,b*
 Hydroquinone 4 123-31-9 500/10,000¹

**City of Glendale – Unified Program (CUPA) Agency
 780 Flower Street, Glendale, CA 91201
 REGULATED SUBSTANCE LIST**

CHEMICAL NAME	CAS #	TQ	Listing	(Trichloromethanesulfonyl Chloride) 594-42-3	500	b
	(lbs)		Basis			
Iron, Pentacarbonyl- (Iron Carbonyl (Fe(CO) ₅ , (TB-5-11)-)	13463-40-6	100	b			
Isobenzan	297-78-9	100/10,000 ¹				
Isobutane (Propane, 2-Methyl)	75-28-5	10,0				
Isobutyronitrile (2-Methylpropanenitrile)	78-82-0	1,000	b			
Isocyanic Acid,3,4-Dichlorophenyl Ester	102-36-3	500/10,000 ¹				
Isodrin	465-73-6	100/10,000 ¹				
Isopentane (Butane, 2-Methyl-)	78-78-4	10,000	g			
Isophorone Diisocyanate	4098-71-9	100				
Isoprene (1,3-Butadiene, 2-Methyl-)	78-79-5	10,000	g			
Isopropyl Chloride (Propane, 2-Chloro-)	75-29-6	10,000	g			
Isopropyl Chloroformate (Carbonochloridic Acid, 1-Methylethyl Ester)	108-23-6	1,000	b			
Isopropylamine (2-Propanamine)	75-31-0	10,000	g			
Leptophos	21609-90-5	500/10,000 ¹				
* Lewisite (Chlorovinylarsine Dichloride)	541-25-3	10				
Lindane (Hexachlorocyclohexane (Gamma Isomer))	58-89-9	1,000/10,000 ¹				
Lithium Hydride	7580-67-8	100				
Malononitrile	109-77-3	500/10,000 ¹				
* Manganese,Tricarbonyl Methylcyclopentadienyl	12108-13-3	100				
Mercuric Acetate	1600-27-7	500/10,000 ¹				
Mercuric Chloride	7487-94-7	500/10,000 ¹				
Mercuric Oxide	21908-53-2	500/10,000 ¹				
Methacrylonitrile (Methylacrylonitrile)						
(2-Methyl-2-Propenenitrile)	126-98-7	500	b			
Methacryloyl Chloride	920-46-7	100				
Methacryloyloxyethyl Isocyanate	30674-80-7	100				
Methamidophos	10265-92-6	100/10,000 ¹				
Methane	74-82-8	10,000	f			
Methanesulfonyl Fluoride	558-25-8	1,000				
Methidathion	950-37-8	500/10,000 ¹				
Methiocarb (Mercaptodimethur)	2032-65-7	500/10,000 ¹				
Methomyl	16752-77-5	500/10,000 ¹				
Methoxyethylmercuric Acetate	151-38-2	500/10,000 ¹				
2-Methyl-1-Butene	563-46-2	10,000	g			
3-Methyl-1-Butene	563-45-1	10,000	f			
Methyl 2-Chloroacrylate	80-63-7	500				
Methyl Bromide (Bromomethane)	74-83-9	1,000	a			
Methyl Chloride (Methane, Chloro-)	74-87-3	10,000				
Methyl Chloroformate (Carbonochloridic Acid, Methyl Ester)	79-22-1	500	b			
Methyl Ether (Methane, Oxybis-)	115-10-6	10,000	f			
Methyl Formate (Formic Acid, Methyl Ester)	107-31-3	10,000	g			
Methyl Hydrazine	60-34-4	500	b			
Methyl Isocyanate (Isocyanatomethane)	624-83-9	500	a,b			
Methyl Isothiocyanate	556-61-6	500				
Methyl Mercaptan (Methanethiol) (Thiomethanol)	74-93-1	500	b			
Methyl Parathion (Parathion Methyl)	298-00-0	100/10,000 ¹				
Methyl Phosphonic Dichloride	676-97-1	100				
Methyl Thiocyanate (Thiocyanic Acid, Methyl Ester)	556-64-9	10,000	b			
Methyl Vinyl Ketone	78-94-4	10				
Methylamine (Methanamine)	74-89-5	10,000	f			
Methylmercuric Dicyanamide	502-39-6	500/10,000 ¹				
2-Methylpropene (1-Propene, 2-Methyl-)	115-11-7	10,000	f			
Methyltrichlorosilane (Trichloromethylsilane)	75-79-6	500	b			
Metolcarb	1129-41-5	100/10,000 ¹				
Mexcarbarte	315-18-4	500/10,000 ¹				
Mitomycin C	50-07-7	500/10,000 ¹				
Monocrotophos	6923-22-4	10/10,000 ¹				
Muscimol (5-(Aminomethyl)-3-Isoxazolol)	2763-96-4	500/10,000 ¹				
* Mustard Gas (2,2'- Dichloroethyl Sulfide)	505-60-2	500				
Nickel Carbonyl (Nickel Tetracarbonyl)	13463-39-3	1	b			
Nicotine Sulfate	65-30-5	100/10,000 ¹				
Nitric Acid	7697-37-2	1,000	b			
Nitric Oxide (Nitrogen Monoxide (NO))	10102-43-9	100	b			
* Nitrobenzene	98-95-3	10,000				
Nitrogen Dioxide	10102-44-0	100				
* Nitrogen Mustard (Mechlorethamine)	51-75-2	10				
Norbormide	991-42-4	100/10,000 ¹				
Oleum (Fuming Sulfuric Acid) (Sulfuric Acid, mixture with Sulfur Trioxide) ⁷	8014-95-7	10,000	e			
Organorhodium Complex (PMN-82-147)	MIXTURE	10/10,000 ¹				
Ouabain	630-60-4	100/10,000 ¹				
Oxamyl	23135-22-0	100/10,000 ¹				
Ozone	10028-15-6	100				
Paraquat Methosulfate	2074-50-2	10/10,000 ¹				
Paraquat (Paraquat Dichloride)	1910-42-5	10/10,000 ¹				
Paris Green (Cupric Acetoarsenite)	12002-03-8	500/10,000 ¹				
Pentaborane	19624-22-7	500				
Pentadecylamine	2570-26-5	100/10,000 ¹				
1,3-Pentadiene	504-60-9	10,000	f			
Pentane	109-66-0	10,000	g			
1-Pentene	109-67-1	10,000	g			
2-Pentene, (E)-	646-04-8	10,000	g			
2-Pentene, (Z)-	627-20-3	10,000	g			
Peracetic Acid (Ethaneperoxyic Acid) (Peroxyacetic Acid)	79-21-0	500	b			
Perchloromethylmercaptan						
CHEMICAL NAME	CAS #	TQ	Listing			
	(lbs)	(lbs)	Basis			
Phenol	108-95-2	500/10,000 ¹				
Phenol, 2,2'-Thiobis(4-Chloro-6-Methyl)	4418-66-0	100/10,000 ¹				
Phenol, 3-(1-Methylethyl)-, Methylcarbamate)	64-00-6	500/10,000 ¹				
Phenoxarsine, 10, 10' - Oxydi- * Phenylchloroarsine	58-36-6	500/10,000 ¹				
(Dichlorophenylarsine) (Lewisite Variant)	696-28-6	500				
Phenylhydrazine Hydrochloride	59-88-1	1,000/10,000 ¹				
Phenylmercury Acetate (Phenylmercuric Acetate)	62-38-4	500/10,000 ¹				
Phenylsilatrane	2097-19-0	100/10,000 ¹				
Phenylthiourea	103-85-5	100/10,000 ¹				
* Phorate	298-02-2	10				
Phosacetim	4104-14-7	100/10,000 ¹				
Phosfolan	947-02-4	100/10,000 ¹				
Phosgene (Carbonyl Chloride) (Carbonic Dichloride)	75-44-5	10				a,b
Phosmet	732-11-6	10/10,000 ¹				
Phosphine (Hydrogen Phosphide)	7803-51-2	500				b
* Phosphonothioic Acid, Methyl-, S-(2-(Bis (1-Methylethyl)Amino)Ethyl) O-Ethyl Ester	50782-69-9	100				
Phosphorus	7723-14-0	100				
Phosphorus Oxychloride (Phosphoryl Chloride)	10025-87-3	500				b
Phosphorus Pentachloride	10026-13-8	500				
Phosphorus Trichloride	7719-12-2	1,000				b
Phystostigmine	57-47-6	100/10,000 ¹				
Phystostigmine, Salicylate (1:1)	57-64-7	100/10,000 ¹				
Picrotoxin	124-87-8	500/10,000 ¹				
Piperidine	110-89-4	1,000				b
Potassium Arsenite	10124-50-2	500/10,000 ¹				
Potassium Cyanide	151-50-8	100				
Potassium Silver Cyanide	506-61-6	500				
Promecarb	2631-37-0	500/10,000 ¹				
Propadiene (1,2-Propadiene)	463-49-0	10,000				f
Propane	74-98-6	10,000				f
Propargyl Bromide (3-Bromopropyne)	106-96-7	10				
* beta-Propiolactone	57-57-8	500				
Propionitrile (Propanenitrile)(Ethyl Cyanide)	107-12-0	500				b
Propiophenone, 4'-Amino- Propyl Chloroformate (Carbonochloridic Acid, Propylester)	70-69-9	100/10,000 ¹				
Propylene (1-Propene)	115-07-1	10,000				f
Propylene Oxide (Methyloxirane)	75-56-9	10,000				b
Propyleneimine (2-Methylaziridine)	75-55-8	10,000				b
Propyne (1-Propyne)	74-99-7	10,000				f
Prothoate	2275-18-5	100/10,000 ¹				
Pyrene	129-00-0	1,000/10,000 ¹				
Pyridine, 4-Amino-	504-24-5	500/10,000 ¹				
Pyridine, 4-Nitro-, 1-Oxide	1124-33-0	500/10,000 ¹				
Pyriminil	53558-25-1	100/10,000 ¹				
Salcomine	14167-18-1	500/10,000 ¹				
* Sarin	107-44-8	10				
Selenious Acid	7783-00-8	1,000/10,000 ¹				
Semicarbazide Hydrochloride	563-41-7	1,000/10,000 ¹				
Silane	7803-62-5	10,000				f
Sodium Arsenate	7631-89-2	1,000/10,000 ¹				
Sodium Arsenite	7784-46-5	500/10,000 ¹				
Sodium Azide (Na (N ₃))	26628-22-8	500				
Sodium Cacodylate	124-65-2	100/10,000 ¹				
Sodium Cyanide (Na (CN))	143-33-9	100				
Sodium Fluoroacetate (Fluoroacetic Acid, Sodium Salt)	62-74-8	10/10,000 ¹				
Sodium Selenate	13410-01-0	100/10,000 ¹				
Sodium Selenite	10102-18-8	100/10,000 ¹				
Sodium Tellurite	10102-20-2	500/10,000 ¹				
Stannane, Acetoxytriphenyl-	900-95-8	500/10,000 ¹				
Strychnine	57-24-9	100/10,000 ¹				
Strychnine, Sulfate	60-41-3	100/10,000 ¹				
Sulfur Dioxide (Anhydrous)	7446-09-5	500				
Sulfur Tetrafluoride (Sulfur Fluoride (SF ₄), (T-4)-)	7783-60-0	100				a,b
Sulfur Trioxide (Sulfuric Anhydride)	7446-11-9	100				a,b
* Sulfuric Acid ³	7664-93-9	1,000				
* Tabun (Ethyl Dimethylamidocyanophosphate)	77-81-6	10				
Tellurium Hexafluoride	7783-80-4	100				
Tetrafluoroethylene (Ethene, Tetrafluoro-)	116-14-3	10,000f				
Tetramethyllead (Tetramethylplumbane)	75-74-1	100				b
Tetramethylsilane (Silane, Tetramethyl-)	75-76-3	10,000g				
Tetranitromethane (Methane, Tetranitro-)	509-14-8	500				b
Thallium Sulfate	10031-59-1	100/10,000 ¹				
Thalious Carbonate (Thallium (1) Carbonate)	6533-73-9	100/10,000 ¹				
Thalious Chloride (Thallium Chloride)	7791-12-0	100/10,000 ¹				
Thalious Malonate (Thallium Malonate)	2757-18-8	100/10,000 ¹				
Thalious Sulfate (Thallium (1) Sulfate)	7446-18-6	100/10,000 ¹				
Thiocarbazine	2231-57-4	1,000/10,000 ¹				
Thiofanox	39196-18-4	100/10,000 ¹				
Thiosemicarbazide	79-19-6	100/10,000 ¹				
Thiourea, (2-Chlorophenyl)-	5344-82-1	100/10,000 ¹				
Thiourea, (2-Methylphenyl)-	614-78-8	500/10,000 ¹				
Titanium Tetrachloride (Titanium Chloride (TiCl						

(Benzene,1,3-Diisocyanatomethyl-) ⁵	26471-62-5	10,000	a
Triamphos	1031-47-6	500/10,000 ¹	
Trichloro(Chloromethyl)Silane	1558-25-4	100	

City of Glendale – Unified Program (CUPA) Agency
780 Flower Street, Glendale, CA 91201
REGULATED SUBSTANCE LIST

CHEMICAL NAME (lbs) Basis	CAS #	TQ	Listing
Trichloro(Dichlorophenyl)Silane	27137-85-5	500	
Trichloronate	327-98-0	500	
Trichlorosilane (Silane, Trichloro-)	10025-78-2	10,000 g	
Triethoxysilane	998-30-1	500	
Trifluorochloroethylene (Ethene, Chlorotrifluoro-)	79-38-9	10,000 f	
Trimethylamine (Methanamine, N,N-dimethyl-)	75-50-3	10,000 f	
Trimethylchlorosilane (Chlorotrimethylsilane)	75-77-4	1,000 b	
Trimethylolpropane Phosphite	824-11-3	100/10,000 ¹	
Trimethyltin Chloride	066-45-1	500/10,000 ¹	
Triphenyltin Chloride	639-58-7	500/10,000 ¹	
* Tris(2-Chloroethyl)Amine	555-77-1	100	
Valinomycin	2001-95-8	1,000/10,000 ¹	
Vanadium Pentoxide	1314-62-1	100/10,000 ¹	
Vinyl Acetate Monomer (Vinyl Acetate) (Acetic Acid, Ethenyl Ester)	108-05-4	1,000	b
Vinyl Acetylene (1-Buten-3-Yne)	689-97-4	10,000	f
Vinyl Chloride (Ethene, Chloro-)	75-01-4	10,000	a, f
Vinyl Ethyl Ether (Ethene, Ethoxy-)	109-92-2	10,000	g
Vinyl Fluoride (Ethene, Fluoro-)	75-02-5	10,000	f
Vinyl Methyl Ether (Ethene, Methoxy-)	107-25-5	10,000	f
Vinylidene Chloride (Ethene, 1,1-Dichloro-)	75-35-4	10,000	g
Vinylidene Fluoride (Ethene, 1,1-Difluoro-)	75-38-7	10,000	f
Warfarin	81-81-2	500/10,000 ¹	
Warfarin Sodium (Coumadin) (Sodium salt)	129-06-6	100/10,000 ¹	
Xylylene Dichloride	28347-13-9	100/10,000 ¹	
Zinc, Dichloro(4,4-Dimethyl-5(((Methylamino) Carbonyl)Oxy)Imino)Pentanenitrile)-, (T-4)-	58270-08-9	100/10,000 ¹	
Zinc Phosphide	1314-84-7	500	

* Substances delisted failing physical criteria test and relisted pursuant to health impacts.

¹ These extremely hazardous substances are solids. The lesser quantity listed applies only if in powdered form and with a particle size of less than 100 microns; or if handled in solution or in molten form; or the substance has an NFPA rating for reactivity of 2, 3, or 4. Otherwise, a 10,000 pound threshold applies.

² Appropriate synonyms or mixtures of regulated substances with the same CAS number are also regulated, e.g., anhydrous ammonia, formalin.

³ Sulfuric acid is a State Regulated Substance only under the following conditions:

a. If concentrated with greater than 100 pounds of sulfur trioxide or the acid meets the definition of oleum. (The threshold for sulfur trioxide is 100 pounds.) (The threshold for oleum is 10,000 pounds.)

b. If in a container with flammable hydrocarbons (flash point < 73° F).

⁴ Hydroquinone is exempt in crystalline form.

⁵ The mixture exemption in Section 2770.2(b)(1) does not apply to the Substance.

LEGEND: Basis for Listing:

- a. Mandated for listing by Congress.
- b. On EHS list, vapor pressure 10 mmHg or greater.
- c. Toxic gas.
- d. Toxicity of hydrogen chloride, potential to release hydrogen chloride, and history of accidents.
- e. Toxicity of sulfur trioxide and sulfuric acid, potential to release sulfur trioxide, and history of accidents.
- f. Flammable gas.
- g. Volatile flammable liquid.

INTENTIONALLY LEFT BLANK

City of Glendale – Unified Program (CUPA) Agency
780 Flower, Glendale, CA 91201
HAZARDOUS WASTE GENERATOR

PAGE OF

BUSINESS NAME:			3
FACILITY ID #	1	NUMBER OF EMPLOYEES:	133b
EPA ID #			2

I. TYPE OF GENERATOR

A

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

	RCRA GENERATOR (FEDERAL WASTE)	NON RCRA GENERATOR (CALIFORNIA WASTE ONLY)
LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>
SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (< 100 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>

II. WASTE STREAM IDENTIFICATION

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

PROCESS	B	WASTE DESCRIPTION	C	WASTE ID	D	AMOUNT PER YEAR	E	STORAGE METHOD	F	DISPOSAL METHOD	G

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

OWNER/OPERATOR NAME	H	OWNER/OPERATOR TITLE	I
OWNER/OPERATOR SIGNATURE		DATE	J

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT
		INSPECTOR

City of Glendale – Unified Program (CUPA) Agency
780 Flower, Glendale, CA 91201
HAZARDOUS WASTE GENERATOR PAGE - INSTRUCTIONS

The waste generator page is used to identify your generator status and all waste streams generated at your facility.

1. **FACILITY ID NUMBER** Leave this blank. The Certified Unified Program Agency (CUPA) assigns this number that identifies your facility.
2. **EPA ID #** If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, to obtain one.
3. **BUSINESS NAME** Enter the full legal name of the business.
- 133b. **NUMBER OF EMPLOYEES** Enter the total number of employees currently working at your facility.
- A. **TYPE OF GENERATOR** Check the box that most closely apply to your facility. Check no more than one box per column.

RCRA GENERATOR Check the box that best describes the amount of Federal listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn't generate hazardous waste regulated under Subtitle C of RCRA (the Resource Conservation and Recovery Act of 1976).

NON - RCRA GENERATOR Check the box that that best describes the amount of California-only listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn't generate non-RCRA hazardous waste.

Boxes include:

 - ◆ Large Quantity Generator (greater than 1000 kg per Hazardous Waste per month)
 - ◆ Small Quantity Generator (less than 1000 kg per month but greater than 100 kg Hazardous Waste per month)
 - ◆ Conditionally Exempt Small Quantity Generator (less than 100 kg Hazardous Waste per month)

Note:

 1. 1 kg = 2.2 lbs.
 2. For Acutely Hazardous Waste or Extremely Hazardous Waste, facilities that generate greater than 1 kg per month are considered Large Quantity Generators and facilities that generate less are considered Conditionally Exempt Small Quantity Generators.
- B. **PROCESS** Briefly describe all processes that generate hazardous waste(s) at your facility. Example: plating, machining, painting, etc.
- C. **WASTE DESCRIPTION** Describe the type of waste that is generated from each process listed. Example: heavy metal sludge, waste oil, etc.
- D. **WASTE ID** List the Waste ID #'s for all RCRA and non-RCRA hazardous waste. Refer to 22 CCR § 66261.126.
- E. **AMOUNT PER YEAR** List the amount of hazardous waste generated from each separate process in kilograms, pounds, gallons, or tons per year.
- F. **STORAGE METHOD** Enter the letter that corresponds to the type of storage used at your facility for each of the hazardous waste streams listed.
 - A = Drums
 - B = Underground Tank
 - C = Aboveground Tank
 - D = Waste Pile
 - E = In Process Equipment
- G. **DISPOSAL METHOD** Enter the letter in the space provided to describe the disposal method used at your facility for each of the hazardous waste streams listed.
 - A = Treatment Onsite
 - B = Treatment Offsite
 - C = Recycle Onsite
 - D = Recycle Offsite
- H. **OWNER/OPERATOR NAME** Indicate the name of the person who signed the form.
- I. **OWNER/OPERATOR TITLE** Indicate the title of the person who signed the form.
- J. **DATE** Indicate the date the form was signed.