

CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS)
CONSOLIDATED EMERGENCY RESPONSE / CONTINGENCY PLAN

Prior to completing this Plan, please refer to the INSTRUCTIONS FOR COMPLETING A CONSOLIDATED CONTINGENCY PLAN

A. FACILITY IDENTIFICATION AND OPERATIONS OVERVIEW

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|--|--|------------|-----|---|-----------|---------------|------|
| FACILITY ID # | | 1. CERS ID | | A1. DATE OF PLAN PREPARATION/REVISION | | A2. | |
| BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) | | | | | | | 3. |
| BUSINESS SITE ADDRESS | | | | | | | 103. |
| BUSINESS SITE CITY | | | | 104. | CA | 105. ZIP CODE | |
| TYPE OF BUSINESS (e.g., Painting Contractor) | | | A3. | INCIDENTAL OPERATIONS (e.g., Fleet Maintenance) | | | A4. |
| THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING: (Check all that apply) | | | | | | | A5. |
| <input checked="" type="checkbox"/> 1. HAZARDOUS MATERIALS; <input type="checkbox"/> 2. HAZARDOUS WASTES | | | | | | | |

B. INTERNAL RESPONSE

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| INTERNAL FACILITY EMERGENCY RESPONSE WILL OCCUR VIA: (Check all that apply) | B1. |
| <input type="checkbox"/> 1. CALLING PUBLIC EMERGENCY RESPONDERS (i.e., 9-1-1) <input type="checkbox"/> 2. CALLING HAZARDOUS WASTE CONTRACTOR <input type="checkbox"/> 3. ACTIVATING IN-HOUSE EMERGENCY RESPONSE TEAM | |

C. EMERGENCY COMMUNICATIONS, PHONE NUMBERS AND NOTIFICATIONS

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

1. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
2. Notify appropriate local authorities (i.e., call 9-1-1).
3. Notify the California Emergency Management Agency at (800) 852-7550.

Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall notify the California Department of Toxic Substances Control (DTSC), the local Unified Program Agency (UPA), and the local fire department's hazardous materials program that the facility is in compliance with requirements to:

1. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility; and
2. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.

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| INTERNAL FACILITY EMERGENCY COMMUNICATIONS OR ALARM NOTIFICATION WILL OCCUR VIA: (Check all that apply) | C1. |
| <input type="checkbox"/> 1. VERBAL WARNINGS; <input type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM; <input type="checkbox"/> 3. TELEPHONE; <input type="checkbox"/> 4. PAGERS; <input type="checkbox"/> 5. ALARM SYSTEM; <input type="checkbox"/> 6. PORTABLE RADIO | |
| NOTIFICATIONS TO NEIGHBORING FACILITIES THAT MAY BE AFFECTED BY AN OFF-SITE RELEASE WILL OCCUR BY: (Check all that apply) | C2. |
| <input type="checkbox"/> 1. VERBAL WARNINGS; <input type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM; <input type="checkbox"/> 3. TELEPHONE; <input type="checkbox"/> 4. PAGERS; <input type="checkbox"/> 5. ALARM SYSTEM; <input type="checkbox"/> 6. PORTABLE RADIO | |
| EMERGENCY RESPONSE PHONE NUMBERS: | |
| AMBULANCE, FIRE, POLICE AND CHP | 9-1-1 |
| CALIFORNIA EMERGENCY MANAGEMENT AGENCY (CAL/EMA) | (800) 852-7550 |
| NATIONAL RESPONSE CENTER (NRC) | (800) 424-8802 |
| POISON CONTROL CENTER | (800) 222-1222 |
| LOCAL UNIFIED PROGRAM AGENCY (UPA/CUPA) | C3. |
| OTHER (Specify): | C4. C5. |
| NEAREST MEDICAL FACILITY / HOSPITAL NAME: | C6. C7. |
| AGENCY NOTIFICATION PHONE NUMBERS: | |
| CALIFORNIA DEPT. OF TOXIC SUBSTANCES CONTROL (DTSC) | (916) 255-3545 |
| REGIONAL WATER QUALITY CONTROL BOARD | C8. |
| U.S. ENVIRONMENTAL PROTECTION AGENCY (US EPA) | (800) 300-2193 |
| CALIFORNIA DEPT OF FISH AND GAME (DFG) | (916) 358-2900 |
| U.S. COAST GUARD | (202) 267-2180 |
| CAL/OSHA | (916) 263-2800 |
| STATE FIRE MARSHAL | (916) 445-8200 |
| OTHER (Specify): | C9. C10. |
| OTHER (Specify): | C11. C12. |

D. EMERGENCY CONTAINMENT AND CLEANUP PROCEDURES

SPILL PREVENTION, CONTAINMENT, AND CLEANUP PROCEDURES: (Check all boxes that apply to indicate your procedures for containing spills, releases, fires or explosions; and, preventing and mitigating associated harm to persons, property, and the environment.)

- 1. MONITOR FOR LEAKS, RUPTURES, PRESSURE BUILD-UP, ETC.;
- 2. PROVIDE STRUCTURAL PHYSICAL BARRIERS (e.g., Portable spill containment walls);
- 3. PROVIDE ABSORBENT PHYSICAL BARRIERS (e.g., Pads, pigs, pillows);
- 4. COVER OR BLOCK FLOOR AND/ OR STORM DRAINS;
- 5. BUILT-IN BERM IN WORK / STORAGE AREA;
- 6. AUTOMATIC FIRE SUPPRESSION SYSTEM;
- 7. ELIMINATE SOURCES OF IGNITION FOR FLAMMABLE HAZARDS (e.g. Flammable liquids, Propane);
- 8. STOP PROCESSES AND/OR OPERATIONS;
- 9. AUTOMATIC / ELECTRONIC EQUIPMENT SHUT-OFF SYSTEM;
- 10. SHUT-OFF WATER, GAS, ELECTRICAL UTILITIES AS APPROPRIATE;
- 11. CALL 9-1-1 FOR PUBLIC EMERGENCY RESPONDER ASSISTANCE / MEDICAL AID;
- 12. NOTIFY AND EVACUATE PERSONS IN ALL THREATENED AREAS;
- 13. ACCOUNT FOR EVACUATED PERSONS IMMEDIATELY AFTER EVACUATION CALL;
- 14. PROVIDE PROTECTIVE EQUIPMENT FOR ON-SITE RESPONSE TEAM;
- 15. REMOVE OR ISOLATE CONTAINERS / AREA AS APPROPRIATE;
- 16. HIRE LICENSED HAZARDOUS WASTE CONTRACTOR;
- 17. USE ABSORBENT MATERIAL FOR SPILLS WITH SUBSEQUENT PROPER LABELING, STORAGE, AND HAZARDOUS WASTE DISPOSAL AS APPROPRIATE;
- 18. SUCTION USING SHOP VACUUM WITH SUBSEQUENT PROPER LABELING, STORAGE, AND HAZARDOUS WASTE DISPOSAL AS APPROPRIATE;
- 19. WASH / DECONTAMINATE EQUIPMENT W/ CONTAINMENT and DISPOSAL OF EFFLUENT / RINSATE AS HAZARDOUS WASTE;
- 20. PROVIDE SAFE TEMPORARY STORAGE OF EMERGENCY-GENERATED WASTES;
- 21. OTHER (Specify):

D1.

D2.

E. FACILITY EVACUATION

THE FOLLOWING ALARM SIGNAL(S) WILL BE USED TO BEGIN EVACUATION OF THE FACILITY (CHECK ALL THAT APPLY):

E1.

- 1. BELLS;
- 2. HORNS/SIRENS;
- 3. VERBAL (I.E., SHOUTING);
- 4. OTHER (Specify):

E2.

THE FOLLOWING LOCATION(S) IS/ARE EVACUEE EMERGENCY ASSEMBLY AREA(S) (i.e., Front parking lot, specific street corner, etc.)

E3.

Note: The Emergency Coordinator must account for all on site employees and/or site visitors after evacuation.

EVACUATION ROUTE MAP(S) POSTED AS REQUIRED

E4.

Note: The map(s) must show primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas, and must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

F. ARRANGEMENTS FOR EMERGENCY SERVICES

Explanation of Requirement: Advance arrangements with local fire and police departments, hospitals, and/or emergency services contractors should be made as appropriate for your facility. You may determine that such arrangements are not necessary.

ADVANCE ARRANGEMENTS FOR LOCAL EMERGENCY SERVICES (Check one of the following)

F1.

- 1. HAVE BEEN DETERMINED NOT NECESSARY; *or*
- 2. THE FOLLOWING ARRANGEMENTS HAVE BEEN MADE (Specify):

F2.

G. EMERGENCY EQUIPMENT

Check all boxes that apply to list emergency response equipment available at the facility and identify the location(s) where the equipment is kept and the equipment's capability, if applicable. [e.g., CHEMICAL PROTECTIVE GLOVES | Spill response kit | One time use, Oil & solvent resistant only.]

| TYPE | EQUIPMENT AVAILABLE ^{G1.} | LOCATION | CAPABILITY (If applicable) ^{G3.} |
|---|--|----------|---|
| Safety and First Aid | 1. <input type="checkbox"/> CHEMICAL PROTECTIVE SUITS, APRONS, OR VESTS | G2. | G3. |
| | 2. <input type="checkbox"/> CHEMICAL PROTECTIVE GLOVES | G4. | G5. |
| | 3. <input type="checkbox"/> CHEMICAL PROTECTIVE BOOTS | G6. | G7. |
| | 4. <input type="checkbox"/> SAFETY GLASSES / GOGGLES / SHIELDS | G8. | G9. |
| | 5. <input type="checkbox"/> HARD HATS | G10. | G11. |
| | 6. <input type="checkbox"/> CARTRIDGE RESPIRATORS | G12. | G13. |
| | 7. <input type="checkbox"/> SELF-CONTAINED BREATHING APPARATUS (SCBA) | G14. | G15. |
| | 8. <input type="checkbox"/> FIRST AID KITS / STATIONS | G16. | G17. |
| | 9. <input type="checkbox"/> PLUMBED EYEWASH FOUNTAIN / SHOWER | G18. | G19. |
| | 10. <input type="checkbox"/> PORTABLE EYEWASH KITS | G20. | G21. |
| | 11. <input type="checkbox"/> OTHER | G22. | G23. |
| | 12. <input type="checkbox"/> OTHER | G24. | G25. |
| Fire Fighting | 13. <input type="checkbox"/> PORTABLE FIRE EXTINGUISHERS | G26. | G27. |
| | 14. <input type="checkbox"/> FIXED FIRE SYSTEMS / SPRINKLERS / FIRE HOSES | G28. | G29. |
| | 15. <input type="checkbox"/> FIRE ALARM BOXES OR STATIONS | G30. | G31. |
| | 16. <input type="checkbox"/> OTHER | G32. | G33. |
| Spill Control and Clean-Up | 17. <input type="checkbox"/> ALL-IN-ONE SPILL KIT | G34. | G35. |
| | 18. <input type="checkbox"/> ABSORBENT MATERIAL | G36. | G37. |
| | 19. <input type="checkbox"/> CONTAINER FOR USED ABSORBENT | G38. | G39. |
| | 20. <input type="checkbox"/> BERMING / DIKING EQUIPMENT | G40. | G41. |
| | 21. <input type="checkbox"/> BROOM | G42. | G43. |
| | 22. <input type="checkbox"/> SHOVEL | G44. | G45. |
| | 23. <input type="checkbox"/> SHOP VAC | G46. | G47. |
| | 24. <input type="checkbox"/> EXHAUST HOOD | G48. | G49. |
| | 25. <input type="checkbox"/> EMERGENCY SUMP / HOLDING TANK | G50. | G51. |
| | 26. <input type="checkbox"/> CHEMICAL NEUTRALIZERS | G52. | G53. |
| | 27. <input type="checkbox"/> GAS CYLINDER LEAK REPAIR KIT | G54. | G55. |
| | 28. <input type="checkbox"/> SPILL OVERPACK DRUMS | G56. | G57. |
| | 29. <input type="checkbox"/> OTHER | G58. | G59. |
| Communications and Alarm Systems | 30. <input type="checkbox"/> TELEPHONES (Includes cellular) | G60. | G61. |
| | 31. <input type="checkbox"/> INTERCOM / PA SYSTEM | G62. | G63. |
| | 32. <input type="checkbox"/> PORTABLE RADIOS | G64. | G65. |
| | 33. <input type="checkbox"/> AUTOMATIC ALARM CHEMICAL MONITORING EQUIPMENT | G66. | G67. |
| Other | 34. <input type="checkbox"/> OTHER | G68. | G69. |
| | 35. <input type="checkbox"/> OTHER | G70. | G71. |

H. EARTHQUAKE VULNERABILITY

Identify areas of the facility that are vulnerable to hazardous materials releases / spills due to earthquake-related motion. These areas require immediate isolation and inspection.

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| VULNERABLE AREAS: (Check all that apply) <input type="checkbox"/> 1. HAZARDOUS MATERIALS / WASTE STORAGE AREA <input type="checkbox"/> 2. PROCESS LINES / PIPING <input type="checkbox"/> 3. LABORATORY <input type="checkbox"/> 4. WASTE TREATMENT AREA | H1. | LOCATIONS (e.g., shop, outdoor shed, forensic lab) | |
| | | | H2. |
| | | | H3. |
| | | | H4. |
| | | | H5. |

Identify mechanical systems vulnerable to releases / spills due to earthquake-related motion. These systems require immediate isolation and inspection.

| | | | |
|---|-----|-----------|------|
| VULNERABLE SYSTEMS: (Check all that apply) <input type="checkbox"/> 1. SHELVES, CABINETS AND RACKS <input type="checkbox"/> 2. TANKS (EMERGENCY SHUTOFF) <input type="checkbox"/> 3. PORTABLE GAS CYLINDERS <input type="checkbox"/> 4. EMERGENCY SHUTOFF AND/OR UTILITY VALVES <input type="checkbox"/> 5. SPRINKLER SYSTEMS <input type="checkbox"/> 6. STATIONARY PRESSURIZED CONTAINERS (e.g., Propane dispensing tank) | H6. | LOCATIONS | |
| | | | H7. |
| | | | H8. |
| | | | H9. |
| | | | H10. |
| | | | H11. |
| | | | H12. |

I. EMPLOYEE TRAINING

Explanation of Requirement: Employee training is required for all employees handling hazardous materials and hazardous wastes in day-to-day or clean-up operations including volunteers and/or contractors. Training must be:

- Provided within 6 months for new hires;
- Amended as necessary prior to change in process or work assignment;
- Given upon modification to the Emergency Response / Contingency Plan, and updated/refreshed annually for all employees.

Required content includes all of the following:

- | | |
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| <ul style="list-style-type: none"> • Material Safety Data Sheets; • Hazard communication related to health and safety; • Methods for safe handling of hazardous substances; • Fire hazards of materials / processes; • Conditions likely to worsen emergencies; • Coordination of emergency response; • Notification procedures; • Applicable laws and regulations; | <ul style="list-style-type: none"> • Communication and alarm systems; • Personal protective equipment; • Use of emergency response equipment (e.g. Fire extinguishers, respirators, etc.); • Decontamination procedures; • Evacuation procedures; • Control and containment procedures; • UST monitoring system equipment and procedures (if applicable). |
|---|--|

INDICATE HOW EMPLOYEE TRAINING PROGRAM IS ADMINISTERED (Check all that apply) 11.

| | | | |
|--|-------------------------------------|---|-----|
| <input type="checkbox"/> 1. FORMAL CLASSROOM; | <input type="checkbox"/> 2. VIDEOS; | <input type="checkbox"/> 3. SAFETY / TAILGATE MEETINGS; | |
| <input type="checkbox"/> 4. STUDY GUIDES / MANUALS (Specify): _____ | | | 12. |
| <input type="checkbox"/> 5. OTHER (Specify): _____ | | | 13. |
| <input type="checkbox"/> 6. NOT APPLICABLE BECAUSE FACILITY HAS NO EMPLOYEES | | | |

Large Quantity Generator (LQG) Training Records: Large quantity hazardous waste generators (i.e., who generate more than 270 gallons/1,000 kilograms of hazardous waste per month) must retain written documentation of employee hazardous waste management training sessions which includes:

- A written outline/agenda of the type and amount of both introductory and continuing training that will be given to persons filling each job position having responsibility for the management of hazardous waste (e.g., labeling, manifesting, compliance with accumulation time limits, etc.).
- The name, job title, and date of training for each hazardous waste management training session given to an employee filling such a job position; and
- A written job description for each of the above job positions that describes job duties and the skills, education, or other qualifications required of personnel assigned to the position.
- Current employee training records must be retained until closure of the facility.
- Former employee training records must be retained at least three years after termination of employment.

J. LIST OF ATTACHMENTS

(Check one of the following) J1.

| | |
|--|-----|
| <input type="checkbox"/> 1. NO ATTACHMENTS ARE REQUIRED; <i>or</i> | |
| <input type="checkbox"/> 2. THE FOLLOWING DOCUMENTS ARE ATTACHED: | J2. |

K. SIGNATURE / CERTIFICATION

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, and that a copy is available on site.

| | | |
|-----------------------------|-----------------|-----|
| SIGNATURE OF OWNER/OPERATOR | DATE SIGNED | K1. |
| NAME OF SIGNER (print) | TITLE OF SIGNER | K3. |