

**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 # | | A1. | CERS ID # | A2. | DATE OF PLAN PREPARATION/REVISION (MM/DD/YYYY) | A3. | |
| BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) | | | | | | A4. | |
| BUSINESS SITE ADDRESS | | | | | | A5. | |
| BUSINESS SITE CITY | | | | A6. | ZIP CODE | A7. | |
| | | | | CA | | | |
| TYPE OF BUSINESS (e.g., Painting Contractor) | | | A8. | INCIDENTAL OPERATIONS (e.g., Fleet Maintenance) | | | A9. |
| THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING (Check all that apply): | | | | | | A10. | |
| <input type="checkbox"/> 1. HAZARDOUS MATERIALS; <input type="checkbox"/> 2. HAZARDOUS WASTES | | | | | | | |

B. INTERNAL RESPONSE

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| INTERNAL FACILITY EMERGENCY RESPONSE WILL OCCUR BY (Check all that apply): | | B1. |
| <input type="checkbox"/> 1. CALLING PUBLIC EMERGENCY RESPONDERS (e.g., 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

In the event of an emergency involving hazardous materials and/or hazardous waste, all facilities must IMMEDIATELY:

1. Notify facility personnel and evacuate if necessary in accordance with the Emergency Action Plan (Title 8 California Code of Regulations §3220);
2. Notify local emergency responders by calling 9-1-1;
3. Notify the local Unified Program Agency (UPA) at the phone number below; and
4. Notify the State Warning Center at (800) 852-7550.

Facilities that generate, treat, store or dispose of hazardous waste have additional responsibilities to notify and coordinate with other response agencies. Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the Emergency Coordinator must follow the appropriate requirements for the category of facility and type of release involved:

1. Title 22 California Code of Regulations §66265.56. Emergency Procedures for generators of 1,000 kilograms or more of hazardous waste in any calendar month.
2. Title 22 California Code of Regulations §66265.196. Response to Leaks or Spills and Disposition of Leaking or Unfit-for-Use Tank Systems.
3. Title 40 Code of Federal Regulations §302.6. Notification requirements for a release of a hazardous substance equal to or greater than the reportable quantity.
4. Title 22 California Code of Regulations §66262.34(d)(2) and Title 40 Code of Federal Regulations §262.34(d)(5)(ii) for generators of less than 1000 kilograms of hazardous waste in any calendar month.

Following notification and before facility operations are resumed in areas of the facility affected by the incident, the Emergency Coordinator shall notify the local UPA and the local fire department's hazardous materials program, if necessary, 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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| EMERGENCY RESPONSE PHONE NUMBERS: | AMBULANCE, FIRE, POLICE AND CHP | 9-1-1 | |
| | CALIFORNIA STATE WARNING CENTER (CSWC)/CAL OES | (800) 852-7550 | |
| | NATIONAL RESPONSE CENTER (NRC) | (800) 424-8802 | |
| | POISON CONTROL CENTER | (800) 222-1222 | |
| | LOCAL UNIFIED PROGRAM AGENCY (UPA) | | C1. |
| | OTHER (Specify): | | C2. C3. |
| NEAREST MEDICAL FACILITY / HOSPITAL NAME: | | | C4. C5. |

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| AGENCY NOTIFICATION PHONE NUMBERS: | CALIFORNIA DEPT. OF TOXIC SUBSTANCES CONTROL (DTSC) | (916) 255-3545 | |
| | REGIONAL WATER QUALITY CONTROL BOARD (RWQCB) | | C6. |
| | U.S. ENVIRONMENTAL PROTECTION AGENCY (US EPA) | (800) 300-2193 | |
| | CALIFORNIA DEPT. OF FISH AND WILDLIFE (CDFW) | (916) 358-2900 | |
| | U.S. COAST GUARD (USCG) | (202) 267-2180 | |
| | CAL OSHA | (916) 263-2800 | |
| | CAL FIRE OFFICE OF THE STATE FIRE MARSHAL (OSFM) | (916) 568-3800 | |
| | OTHER (Specify): | | C7. C8. |
| | OTHER (Specify): | | C9. C10. |

G. EMERGENCY EQUIPMENT

Check the applicable boxes to list emergency response equipment available at the facility, identify the location(s) where the equipment is kept, and indicate the equipment's capability, if applicable.

| TYPE | EQUIPMENT AVAILABLE <small>G1.</small> | LOCATION <small>G2.</small> | CAPABILITY <small>G3.</small> |
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| EXAMPLE | <input checked="" type="checkbox"/> CHEMICAL PROTECTIVE GLOVES | SPILL RESPONSE KIT | SINGLE USE, OIL RESISTANT ONLY |
| Safety and First Aid | 1. <input type="checkbox"/> CHEMICAL PROTECTIVE SUITS, APRONS, AND/OR VESTS | | |
| | 2. <input type="checkbox"/> CHEMICAL PROTECTIVE GLOVES | | |
| | 3. <input type="checkbox"/> CHEMICAL PROTECTIVE BOOTS | | |
| | 4. <input type="checkbox"/> SAFETY GLASSES, GOGGLES, AND FACE SHIELDS | | |
| | 5. <input type="checkbox"/> HARD HATS | | |
| | 6. <input type="checkbox"/> AIR-PURIFYING RESPIRATORS | | |
| | 7. <input type="checkbox"/> SELF-CONTAINED BREATHING APPARATUS (SCBA) | | |
| | 8. <input type="checkbox"/> FIRST AID KITS | | |
| | 9. <input type="checkbox"/> PLUMBED EYEWASH FOUNTAIN AND/OR SHOWER | | |
| | 10. <input type="checkbox"/> PORTABLE EYEWASH KITS AND/OR STATION | | |
| | 11. <input type="checkbox"/> OTHER | | |
| Fire Fighting | 12. <input type="checkbox"/> PORTABLE FIRE EXTINGUISHERS | | |
| | 13. <input type="checkbox"/> FIXED FIRE SUPPRESSION SYSTEMS AND/OR SPRINKLERS | | |
| | 14. <input type="checkbox"/> FIRE ALARM BOXES | | |
| | 15. <input type="checkbox"/> OTHER | | |
| Spill Control and Clean-Up | 16. <input type="checkbox"/> ALL-IN-ONE SPILL KIT | | |
| | 17. <input type="checkbox"/> ABSORBENT MATERIAL | | |
| | 18. <input type="checkbox"/> CONTAINER FOR USED ABSORBENT | | |
| | 19. <input type="checkbox"/> BERM AND/OR DIKING EQUIPMENT | | |
| | 20. <input type="checkbox"/> BROOM | | |
| | 21. <input type="checkbox"/> SHOVEL | | |
| | 22. <input type="checkbox"/> VACUUM | | |
| | 23. <input type="checkbox"/> EXHAUST HOOD | | |
| | 24. <input type="checkbox"/> SUMP AND/OR HOLDING TANK | | |
| | 25. <input type="checkbox"/> CHEMICAL NEUTRALIZERS | | |
| | 26. <input type="checkbox"/> GAS CYLINDER LEAK REPAIR KIT | | |
| | 27. <input type="checkbox"/> SPILL OVERPACK DRUMS | | |
| | 28. <input type="checkbox"/> OTHER | | |
| Communications and Alarm Systems | 29. <input type="checkbox"/> TELEPHONES (e.g., Cellular) | | |
| | 30. <input type="checkbox"/> INTERCOM AND/OR PA SYSTEM | | |
| | 31. <input type="checkbox"/> PORTABLE RADIOS | | |
| | 32. <input type="checkbox"/> AUTOMATIC ALARM CHEMICAL MONITORING EQUIPMENT | | |
| Other | 33. <input type="checkbox"/> OTHER | | |
| | 34. <input type="checkbox"/> OTHER | | |

H. EARTHQUAKE VULNERABILITY

Identify areas of the facility that are vulnerable to hazardous materials releases due to seismic motion. These areas require immediate isolation and inspection.

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| VULNERABLE AREAS (Check all that apply): H1. <input type="checkbox"/> 1. HAZARDOUS MATERIALS AND/OR WASTE STORAGE AREAS <input type="checkbox"/> 2. PROCESS LINES AND PIPING <input type="checkbox"/> 3. LABORATORY <input type="checkbox"/> 4. WASTE TREATMENT AREA | LOCATIONS (e.g., Shop, outdoor shed, lab): H2. |
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Identify mechanical systems vulnerable to releases / spills due to earthquake-related motion. These systems require immediate isolation and inspection.

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| VULNERABLE SYSTEMS AND/OR EQUIPMENT (Check all that apply): H3. <input type="checkbox"/> 1. SHELVES, CABINETS AND/OR RACKS <input type="checkbox"/> 2. TANKS AND SHUT-OFF VALVES <input type="checkbox"/> 3. PORTABLE GAS CYLINDERS <input type="checkbox"/> 4. EMERGENCY SHUT-OFF AND/OR UTILITY VALVES <input type="checkbox"/> 5. SPRINKLER SYSTEMS <input type="checkbox"/> 6. STATIONARY PRESSURIZED CONTAINERS (e.g., Propane tank) | LOCATIONS: H4. |
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I. EMPLOYEE TRAINING

Employee training is required for all employees and/or contractors handling hazardous materials and/or hazardous wastes during normal and/or emergency operations. Most facilities will need to submit a separate Training Plan. However, your CUPA may accept this section as the Training Plan for some small facilities. Employee training plans may include the following content:

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| <ul style="list-style-type: none"> • Applicable laws and regulations; • Emergency response plans and procedures; • Safety Data Sheets; • Hazard communication related to health and safety; • Methods for safe handling of hazardous substances; • Hazards of materials and processes (e.g., fire, explosion, asphyxiation); • Hazard mitigation, prevention and abatement procedures; • Coordination of emergency response actions; • Notification procedures for local emergency responders, CUPA, Cal OES, and onsite personnel; | <ul style="list-style-type: none"> • Communication and alarm systems; • Personal protective equipment; • Use and maintenance of emergency response equipment and supplies (e.g. Fire extinguishers, respirators, spill control materials); • Decontamination procedures; • Evacuation procedures and evacuation staging locations; • Identification of facility areas, equipment, and systems vulnerable to earthquakes and other natural disasters. • OTHER (Specify): |
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Check the applicable boxes below to indicate how the employee training program is administered.

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| <input type="checkbox"/> 1. FORMAL CLASSROOM | <input type="checkbox"/> 2. VIDEOS | <input type="checkbox"/> 3. SAFETY MEETINGS | <input type="checkbox"/> 4. STUDY GUIDES / MANUALS | H1. |
| <input type="checkbox"/> 5. OTHER (Specify): _____ | | | | H2. |
| <input type="checkbox"/> 6. NOT APPLICABLE SINCE FACILITY HAS NO EMPLOYEES | | | | |
| <input type="checkbox"/> 7. CHECK IF A SEPARATE EMPLOYEE TRAINING PLAN IS USED AND UPLOADED TO CERS AS A PDF DOCUMENT | | | | H3. |
| <input type="checkbox"/> 8. CHECK IF EMPLOYEE TRAINING IS COVERED BY THE ABOVE REFERENCED CONTENT AND OTHER DOCUMENTS ONSITE | | | | H4. |

EMPLOYEE TRAINING FREQUENCY AND RECORDKEEPING TRAINING MUST BE:

- Provided initially for new employees as soon as possible following the date of hire. New employees should not work in an unsupervised position that involves hazardous materials handling and/or hazardous waste management without proper training;
- Provided within six months from the date of hire for new employees at a large quantity generator;
- Ongoing and provided at least annually;
- Amended prior to a change in process or work assignment;
- Given upon modification to the Emergency Response/Contingency Plan.

Large Quantity Generator Training: Large quantity generators (1,000 kg or more) must retain written plan and documentation of employee training which includes:

- A written description of the type and amount of both initial and ongoing training that will be given to persons filling each job position having responsibility for hazardous waste management and/or emergency response.
- The name, job title and job description for each position at the facility related to hazardous waste management.
- Current employee training records must be retained until closure of the facility and former employee training records must be retained for at least three years after termination of employment.

Small Quantity Generator Training: Small quantity generators (less than 1,000 kg) must include basic hazardous waste management and emergency response procedures but a written employee training plan and training records are not required. In order to show that the facility has met the small quantity generator employee training requirement, an employee training plan and training records may be made available.

Hazardous Materials Business Plan Training: Businesses must provide initial and annual employee training that includes the content referenced above. The training may be based on the job position and training records must be made available for a period of at least three years.

J. LIST OF ATTACHMENTS

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| Check one of the following: <input type="checkbox"/> 1. NO ATTACHMENTS ARE REQUIRED; or <input type="checkbox"/> 2. THE FOLLOWING DOCUMENTS ARE ATTACHED: | J1. J2. |
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