

# Hazardous Materials Programs

# CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS)

TRAINING FOR BUSINESSES

#### **AGENDA**

- > INTRODUCTIONS/HOUSEKEEPING
- > THE BASICS ABOUT CERS
- > ACCESSING CERS
- > MANAGING USERS
- > REVIEWING PREVIOUS SUBMITTALS
- > SUBMITTAL ELEMENTS/RESUBMITTAL
- > CONCLUSION

### **INTRODUCTIONS**

- > CCHSHMP STAFF INTRODUCTIONS
- > BUSINESS INTRODUCTIONS
  - > NAME
  - > TYPE OF BUSINESS (E.G., AUTO REPAIR, AUTO BODY, DRY CLEANER, GASOLINE STATION, ETC.)
  - WHAT HAVE YOU DONE IN CERS SO FAR? DID YOU SUBMIT LAST YEAR FOR YOUR FACILITY? DO YOU HAVE ANY SPECIFIC GOALS FOR THIS CLASS?

#### THE BASICS ABOUT CERS

- SIGNED INTO LAW IN SEPTEMBER 2008
- ➤ AB 2286 MANDATED BUSINESSES TO

  ELECTRONICALLY REPORT ALL HAZARDOUS

  MATERIALS DATA
- > BUSINESSES MUST REPORT ELECTRONICALLY AFTER JANUARY 1, 2013

#### **OUR WEBSITE**

- http://cchealth.org/hazmat/cers-instructions.php
- Has step by step instructions and an FAQ
- ➤ Has PDF fillable forms to fill out and upload to CERS

#### California Environmental Reporting System (CERS) Instructions

As a regulated business, your facility is required to review and submit information regarding the Hazardous Materials Business Plan, Hazardous Waste Generator, Underground Storage Tanks, Aboveground Petroleum Storage Act, and/or California Accidental Release Prevention Programs annually (CUPA data). State Law requires your business to report this information *electronically*.

Contra Costa Health Services Hazardous Materials Programs (CCHSHMP) requires the annual CUPA data to be submitted through the <u>California Environmental Reporting System (CERS)</u> between January 1, 2016 and March 1, 2016.

Does your facility generate Hazardous Waste? If so, you must include the 2 2016
Hazardous Waste Generator Reporting Form with your Facility Information Submittal.

If you are in the Hazardous Materials Business Plan, please read the Hazardous Materials Business Plan Law Changes for 2015.

#### **Instructions for submitting CUPA information to CERS**

Is your business already registered in CERS?

Are you a New Facility to CERS?

CERS Instructions for Refiling

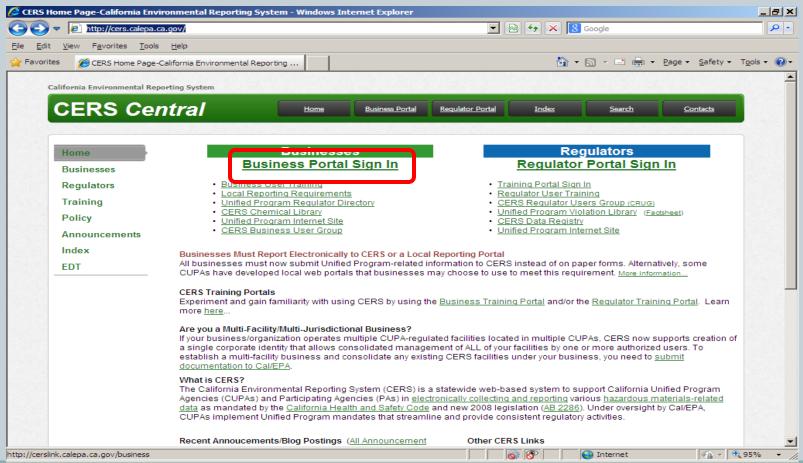
**CERS Instructions for New Facilities** 

## **ACCESSING CERS**

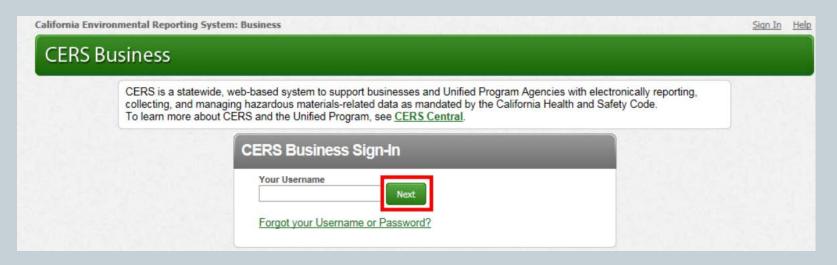


#### **ACCESSING CERS**

#### http://cers.calepa.ca.gov/



#### > ENTER YOUR USER NAME

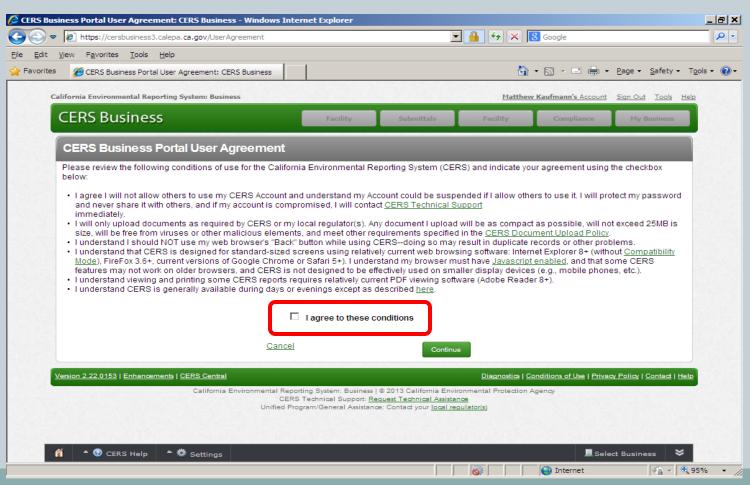


#### > ENTER YOUR PASSWORD

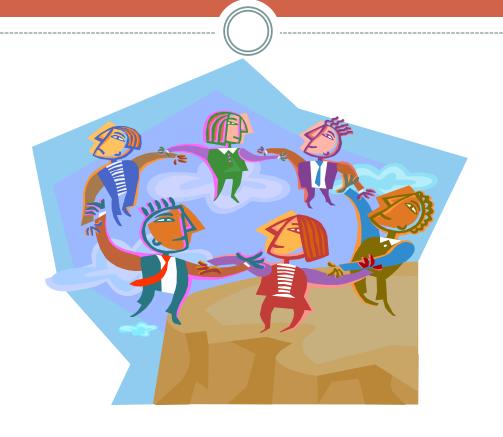


- > PASSWORD: \_\_\_\_\_\_\_

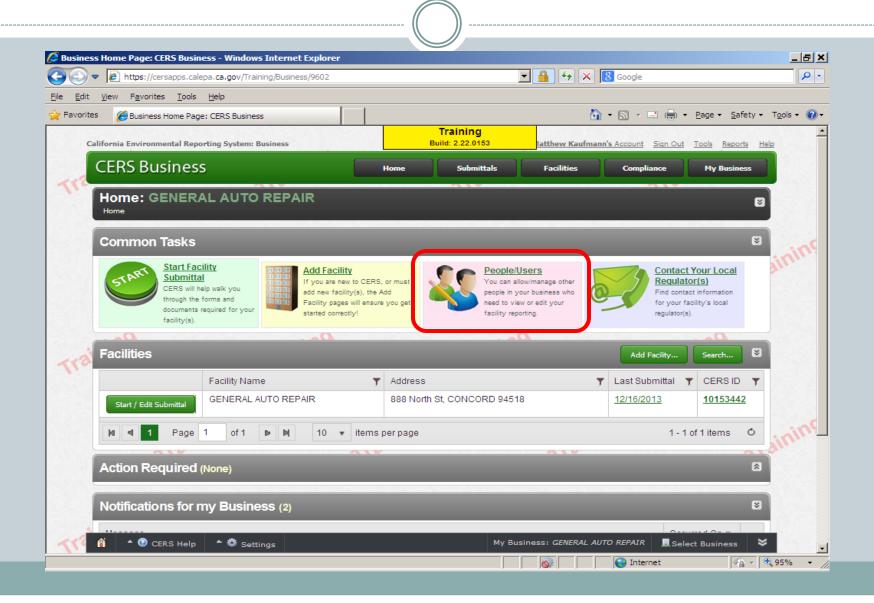
#### > YOU MUST AGREE TO USER CONDITIONS



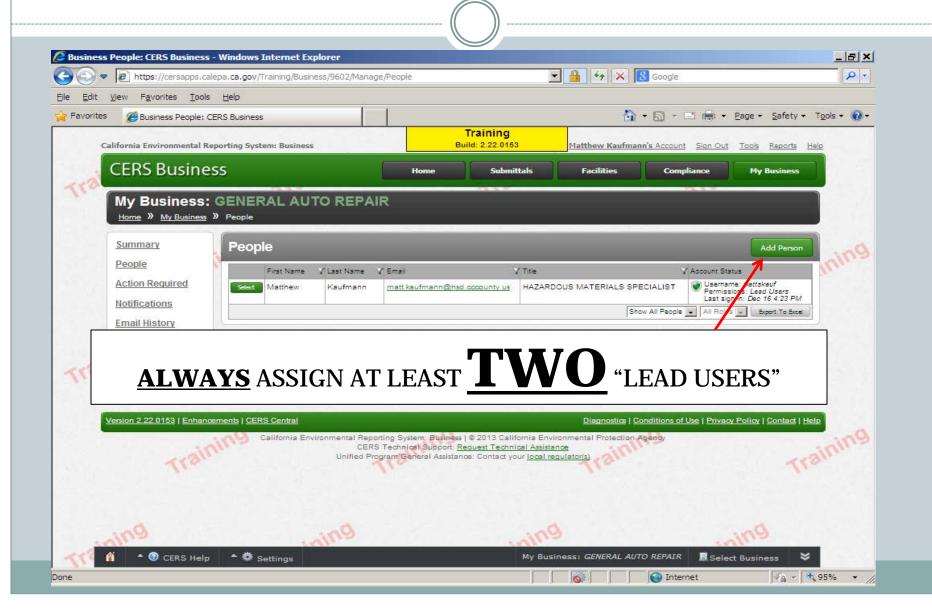
## MANAGING USERS



#### MANAGING USERS



## MANAGING USERS (CONT.)



## MANAGING USERS (CONT.)

1. ENTER THE PERSON'S EMAIL ADDRESS

2. ENTER THE PERSON'S FIRST NAME, LAST NAME, CONTACT INFORMATION, AND BUSINESS TITLE

3. SELECT THE APPROPRIATE PERMISSION LEVEL (SEE NEXT SLIDE)

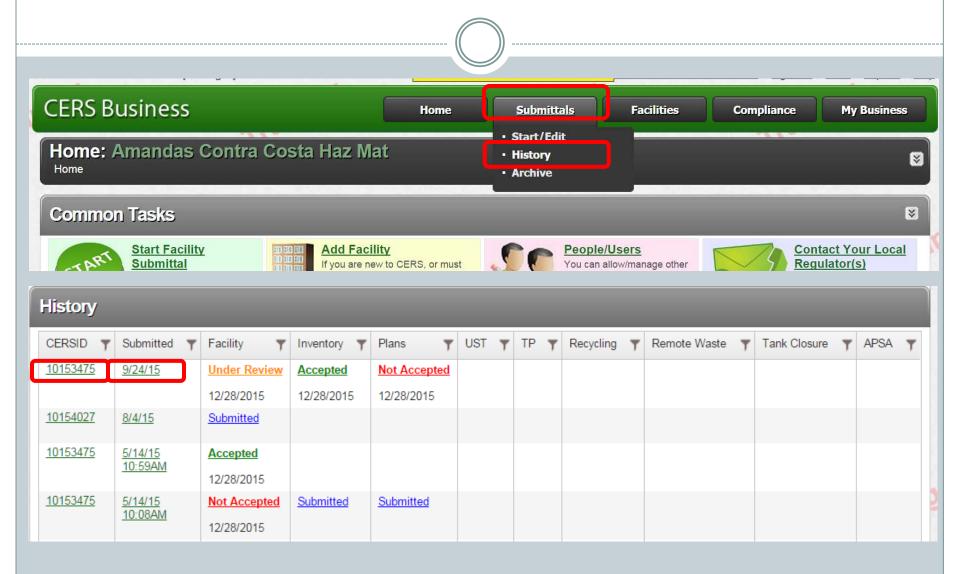
### MANAGING USERS (CONT.)

- > <u>APPROVERS</u> CAN ADD, VIEW EDIT, AND SUBMIT FACILITY REPORTS TO THEIR FACILITY'S REGULATOR
- ➤ <u>EDITORS</u> CAN ADD/EDIT FACILITY SUBMITTALS/REPORTS, BUT CANNOT SUBMIT REPORTS TO THEIR FACILITY'S REGULATOR
- ► <u>LEAD USERS</u> CAN VIEW/ADD/EDIT/SUBMIT FACILITY REPORTS TO REGULATORS, AS WELL AS ADD, REMOVE, AND OTHERWISE MANAGE THEIR BUSINESS' USER ACCOUNTS, FACILITIES, AND OTHER DATA
- VIEWERS CAN VIEW FACILITY SUBMITTALS/REPORTS (READ ONLY)

# REVIEWING YOUR PREVIOUS SUBMITTAL

AND OTHER MISC.

#### REVIEWING PREVIOUS SUBMITTALS



## REVIEWING PREVIOUS SUBMITTALS (CONT.)

#### **Submittal History: RONDA J'S GAS STATION**

Accepted

12/28/2015

Home » Facility Search » Summary: 10153475 » Submittal History

10:08AM

Summary

Submittals

Submittal Elements

**Notifications** 

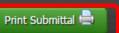
Compliance

Previou	s Submittal	s for this F	acility					Prepare Si	ubmittal
Submitted	Facility	Inventory	Plans	UST	Haz Waste	Recycling	Remote Waste	Tank Closure	APSA
9/24/15	Under Review 12/28/2015	Accepted 12/28/2015	Not Accepted 12/28/2015						
5/14/15 10:59AM	Accepted 12/28/2015								
5/14/15	Not	Submitted	Submitted						

#### REVIEWING PREVIOUS SUBMITTALS (CONT.)



Home » Submittal History » Submittal: 9/24/2015 (10153475)



Submittal: Sep. 24, 2015 4:15 PM

Prepare Submittal

Submittal History

Home

#### **Facility Information**

Under Review Sep. 24, 2015

Submitted for CERS ID 10153475 on 9/24/2015 4:15PM by <u>Ian Williams</u> of <u>Amandas Contra Costa Haz Mat (Martinez, CA)</u>
Submittal was **Under Review** on 12/28/2015 by <u>Amanda Ackerman</u> for Contra Costa County Health Services Department

- Business Activities
- Business Owner/Operator Identification
- Miscellaneous State-Required Documents: Provided to Regulator

#### Hazardous Materials Inventory

Accepted Dec. 28, 2015

Submitted for CERS ID <u>10153475</u> on 9/24/2015 4:15PM by <u>Ian Williams</u> of <u>Amandas Contra Costa Haz Mat (Martinez, CA)</u>
Submittal was **Accepted** on 12/28/2015 by **Amanda Ackerman** for <u>Contra Costa County Health Services Department</u>

- Hazardous Material Inventory (3)
- Site Map (Official Use Only): Upload Document(s)

#### Emergency Response and Training Plans

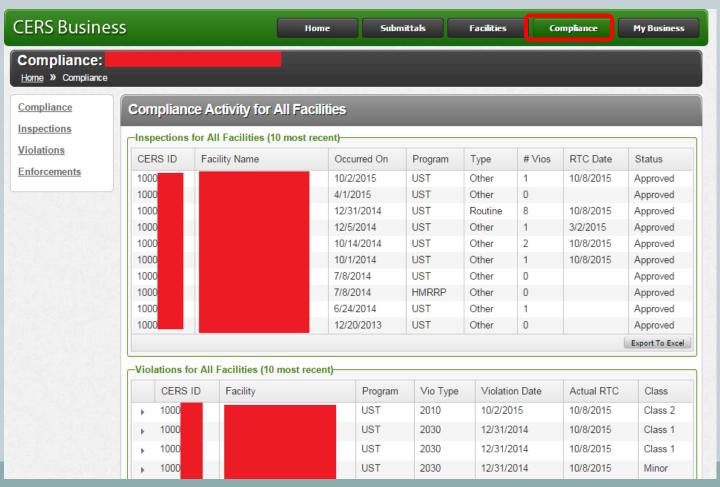
Not Accepted Dec. 28, 2015

Submitted for CERS ID 10153475 on 9/24/2015 4:15PM by <u>lan Williams</u> of <u>Amandas Contra Costa Haz Mat (Martinez CA)</u>
Submittal was **Not Accepted** on 12/28/2015 by *Amanda Ackerman* for <u>Contra Costa County Health Services Department</u>
Comments by regulator: This is a list of contractors. If you have guestions please call Inspector X at 925-335-3200

- Emergency Response/Contingency Plan: Upload Document(s) (2)
- Employee Training Plan: Provided Elsewhere in CERS

#### REVIEWING INSPECTION DATA





## REVIEWING INSPECTION DATA (CONT.)

#### **Enforcements:**

Home » Compliance » Enforcements

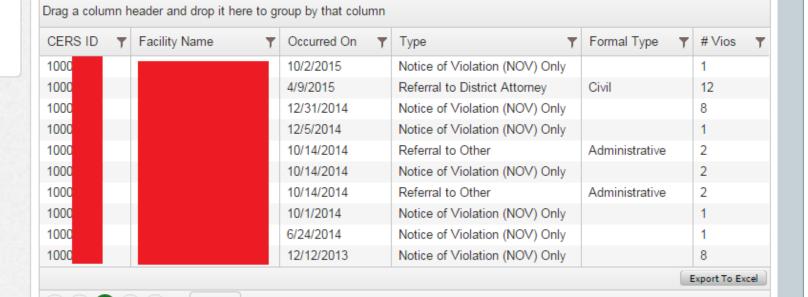
Compliance

Inspections

**Violations** 

**Enforcements** 

#### **Enforcements for All Facilities**



1 - 10 of 10 items

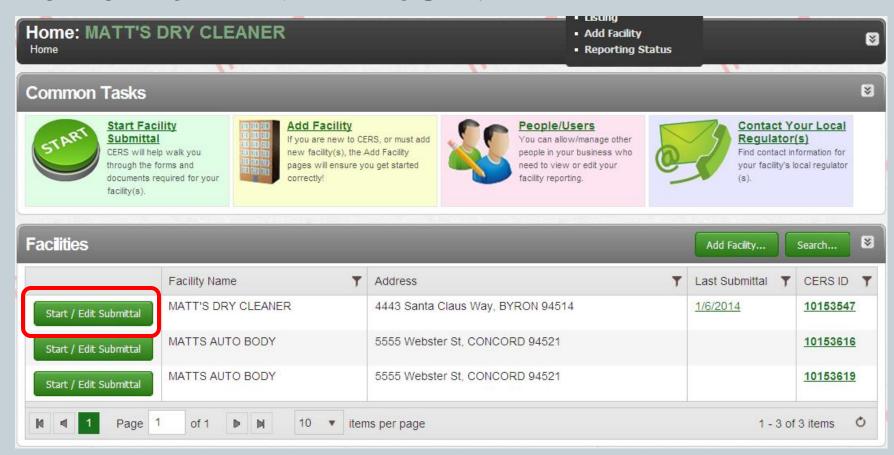
items per page

## ANNUAL RESUBMITTAL



#### ANNUAL RESUBMITTAL





## ANNUAL RESUBMITTAL (CONT.)

➤ CLICK "START" FOR EACH SUBMITTAL ELEMENT. ALWAYS BEGIN FROM A PREVIOUS SUBMITTAL. REVISE INFORMATION AS NECESSARY AND SUBMIT.



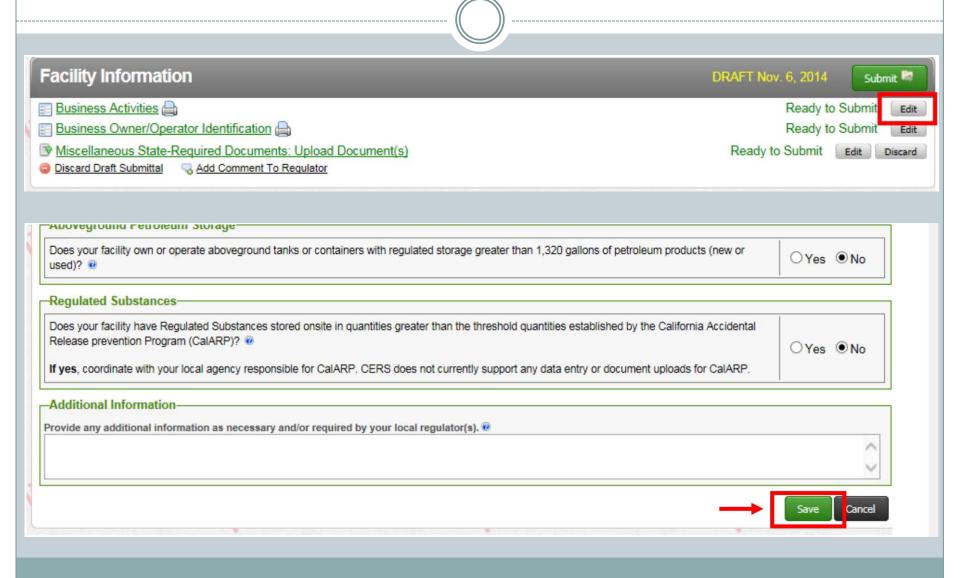
# FACILITY INFORMATION

## FACILITY INFORMATION (CONT.)



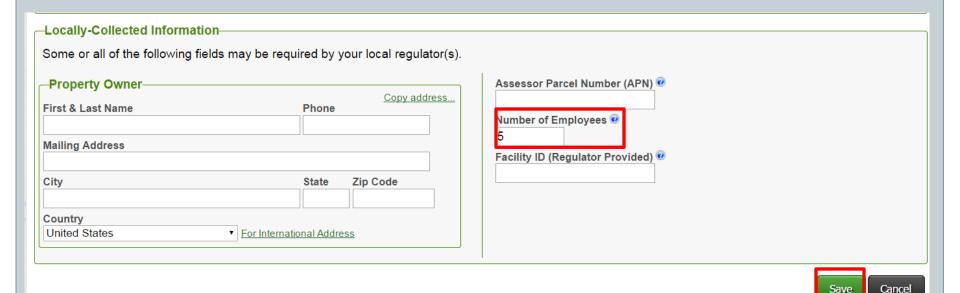


#### **BUSINESS ACTIVITIES**



#### BUSINESS OWNER/OPERATOR IDENTIFICATION

> Please check all information and update as necessary.



#### BUSINESS OWNER/OPERATOR IDENTIFICATION: TROUBLESHOOTING





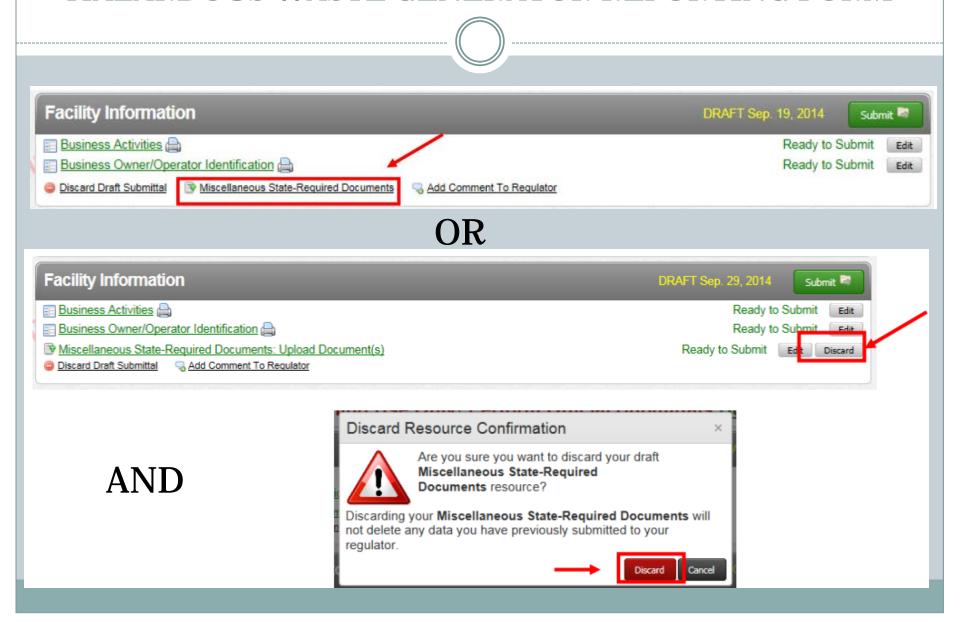
➤ If you get the error code:

The field "Mailing Address State code" contains an invalid value.

Check all of the mailing addresses to make sure they are all capital letters. In this example, the error is because of the lowercase 'ca'.

# Facility/Site Mailing Address Business Plan Central crockett, ca 94520

#### HAZARDOUS WASTE GENERATOR REPORTING FORM



#### HAZARDOUS WASTE GENERATOR REPORTING FORM

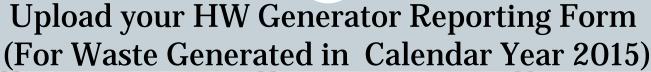
This form can be found at:

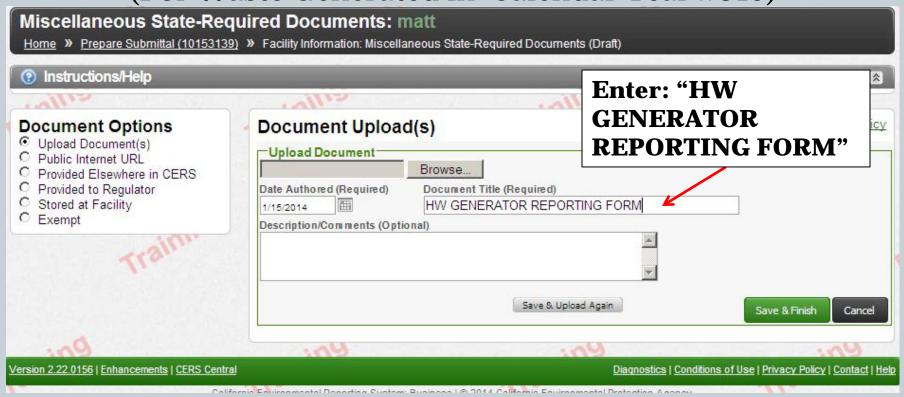
http://cchealth.org/hazmat/pdf/cers/Hazardous-Waste-Generator-Reporting-Form.pdf

	CONTRA COSTA HEALTH SERVICES
2016 HAZARDO	OUS WASTE GENERATOR REPORTING FORM
FACILITY NAME:	SITE ID:
CERS ID:	EPA ID:
certified collection location. If hazardous was	Disposal includes picked up by a licensed transporter or taken to a your facility is in the Hazardous Waste Generator Program, but no te was disposed of in 2015, this form is still required.
certified collection location. If hazardous was	your facility is in the Hazardous Waste Generator Program, but no
certified collection location. If hazardous was	your facility is in the Hazardous Waste Generator Program, but no ste was disposed of in 2015, this form is still required.  hazardous waste your business disposed of during the 2015
Determine the amount of calendar year.  Total Tonnage of Hazardo Waste Disposed During 20 (calculation guide on back	your facility is in the Hazardous Waste Generator Program, but no ste was disposed of in 2015, this form is still required.  hazardous waste your business disposed of during the 2015
Determine the amount of calendar year.  Total Tonnage of Hazardo Waste Disposed During 20 (calculation guide on back I hereby certify that this form, i my knowledge and belief.	your facility is in the Hazardous Waste Generator Program, but no ste was disposed of in 2015, this form is still required.  hazardous waste your business disposed of during the 2015  ous  115:  Tons

INSTRUCTIONS FOR COMPLETING THIS FORM ON BACK

#### HAZARDOUS WASTE GENERATOR REPORTING FORM





http://cchealth.org/hazmat/pdf/cers/Hazardous-Waste-Generator-Reporting-Form.pdf

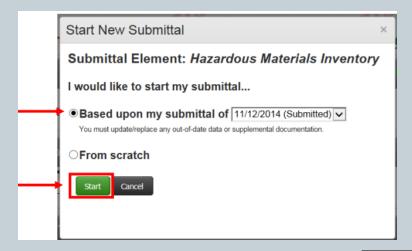
# HAZARDOUS MATERIALS INVENTORY

#### HAZARDOUS MATERIALS INVENTORY

- > YOU MUST REPORT EACH HAZARDOUS MATERIAL/WASTE ONSITE THAT MEET OR EXCEED THE FOLLOWING THRESHOLD VALUES:
  - >55 GALLONS
  - >500 POUNDS
  - > 200 STANDARD CUBIC FEET

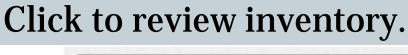
#### HAZARDOUS MATERIALS INVENTORY (CONT.)





Click "Start" to begin

#### HAZARDOUS MATERIALS INVENTORY (REVIEW)



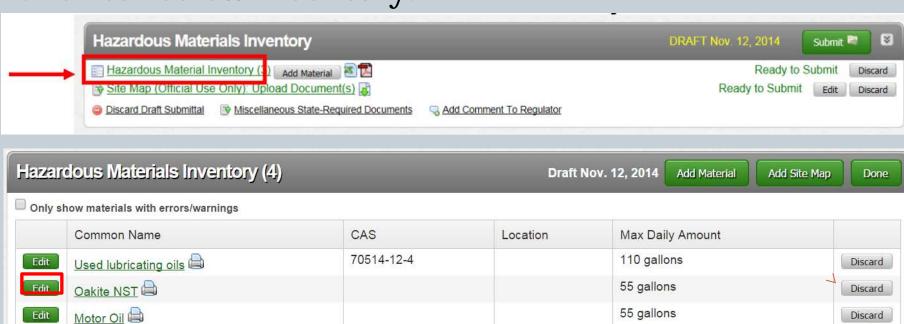
HMIS Matrix Report

items per page

Ethylene Glycol

Edit

Validate My Inventory



107-21-1

55 gallons

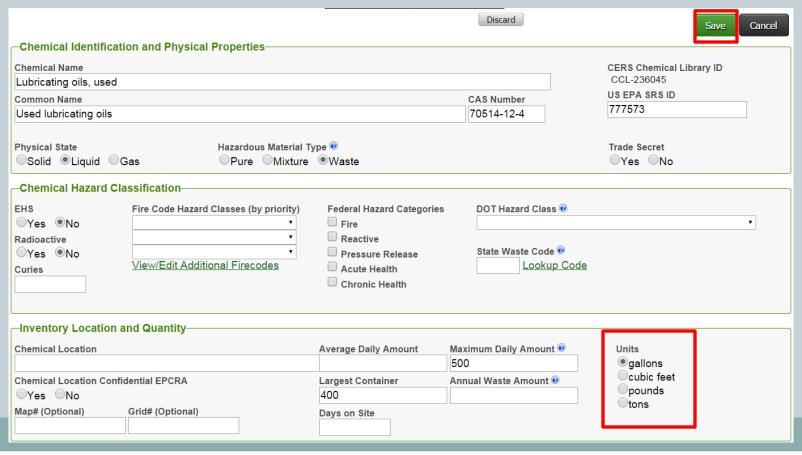
Discard

Export To Excel

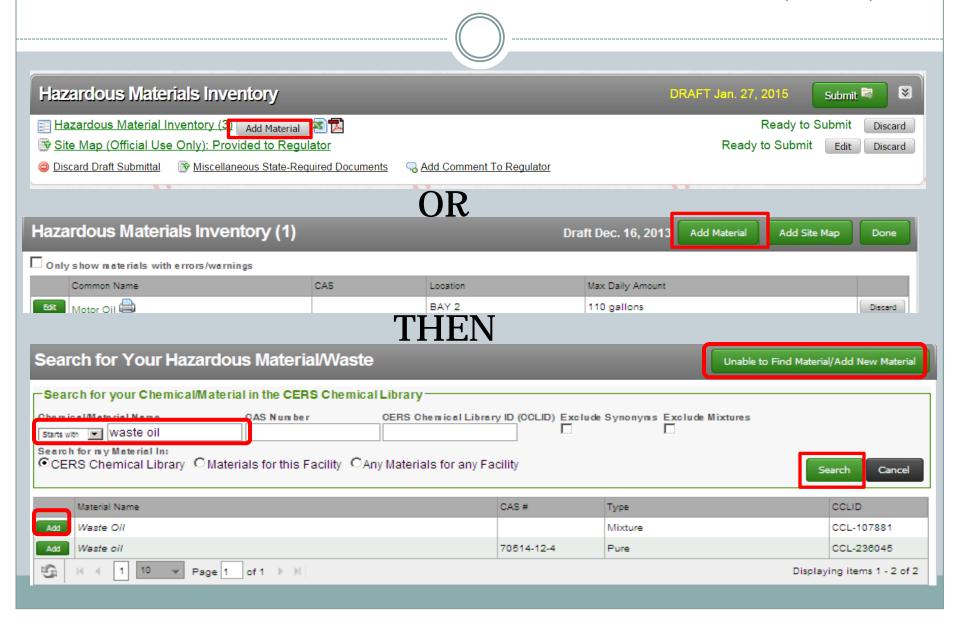
1 - 4 of 4 items

#### HAZARDOUS MATERIALS INVENTORY (CONT.)

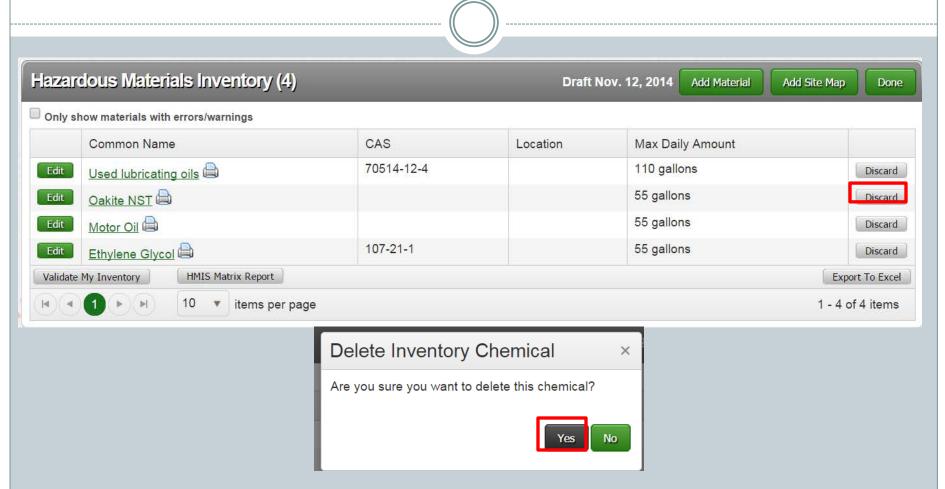
- > REVIEW ALL INFORMATION
- > SAVE WHEN COMPLETE



#### **HAZARDOUS MATERIALS INVENTORY (ADD)**



#### HAZARDOUS MATERIALS INVENTORY (DELETE)



This process will **DELETE** the chemical

#### SITE MAP - REQUIREMENTS

- □INDICATE NORTH (↑)
- □LOADING AREAS
- □INTERNAL ROADS
- □ ADJACENT STREETS
- □STORM AND SEWER DRAINS
- □ ACCESS AND EXIT POINTS
- EMERGENCY SHUT OFF(S)
- **EVACUATION STAGING AREA**
- □ IDENTIFY ALL HAZARDOUS MATERIAL/WASTE STORAGE AND HANDLING LOCATION(S)
- □ EMERGENCY RESPONSE EQUIPMENT (INCLUDING FIRE EXTINGUISHERS)

#### SITE MAP



#### SITE MAP (CONT.)

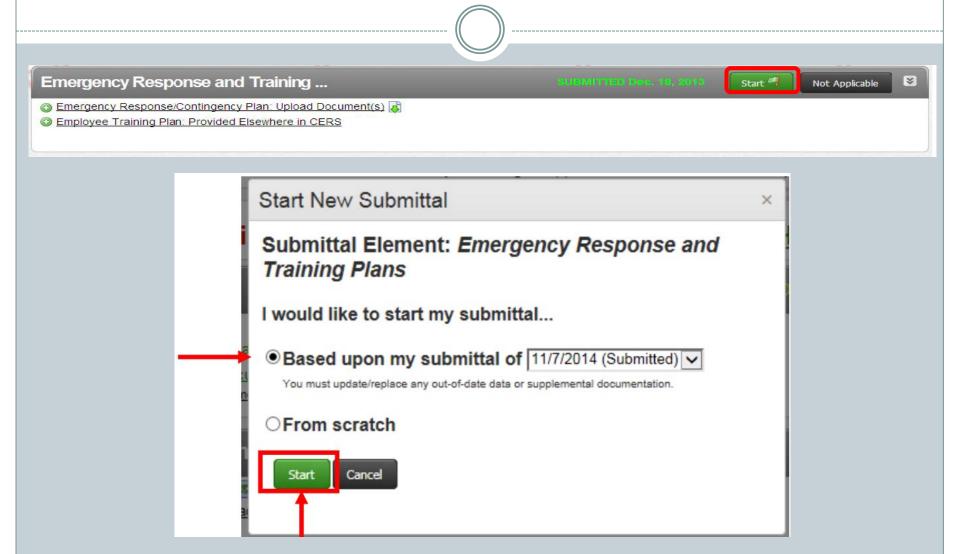
➤ REVIEW PREVIOUS SITE MAP SUBMITTAL TO ENSURE YOUR CURRENT SUBMITTAL MEETS CURRENT REQUIREMENTS

Document Options	Document Upload	CERS Document Upload Policy				
Upload Document(s)     Public Internet URL	Document Title	Date Authored				
Provided Elsewhere in CERS	Annotated Site Map (Official Us	1/21/2015	Discard			
Provided to Regulator     Stored at Facility     Exempt	Choose File No file chose	en .				
20	Date Authored (Required)	Document Title (Required)				
	1/27/2015	Annotated Site Map (Official Use Only)				
on:	Description/Comments (Optional)					
aining	Discard	Save & Upload Again	Save & F	-inish Cancel		

➤ IF SITE MAP HAS NO CHANGES, CHOOSE CANCEL

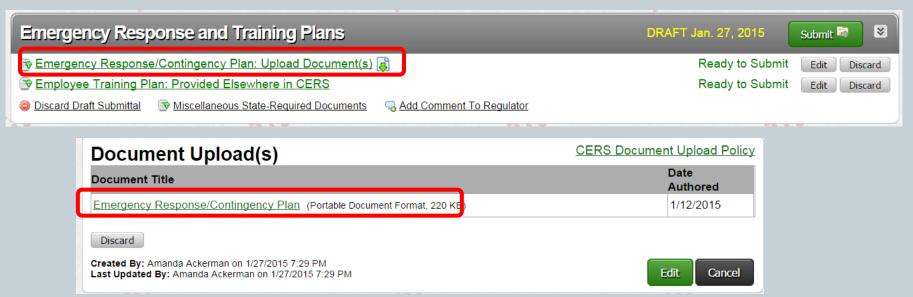
## EMERGENCY RESPONSE AND TRAINING PLANS

#### EMERGENCY RESPONSE/TRAINING PLAN

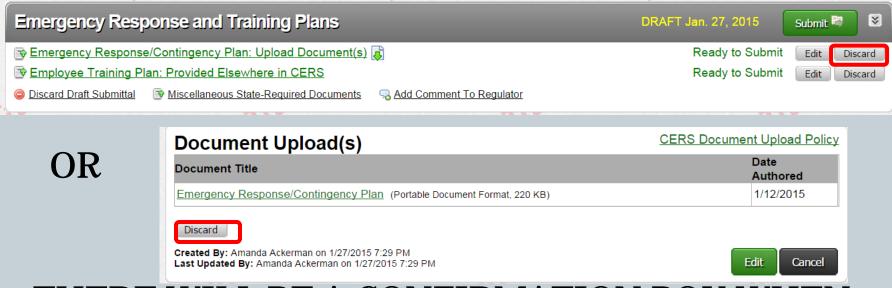


Click "Start"

➤ REVIEW THE DOCUMENT TO DETERMINE IF NAMES, NUMBERS, ETC. ARE UP TO DATE AND THAT ALL REQUIRED SECTIONS (EX: EARTHQUAKE VULNERABILITY) ARE ADDRESSED.

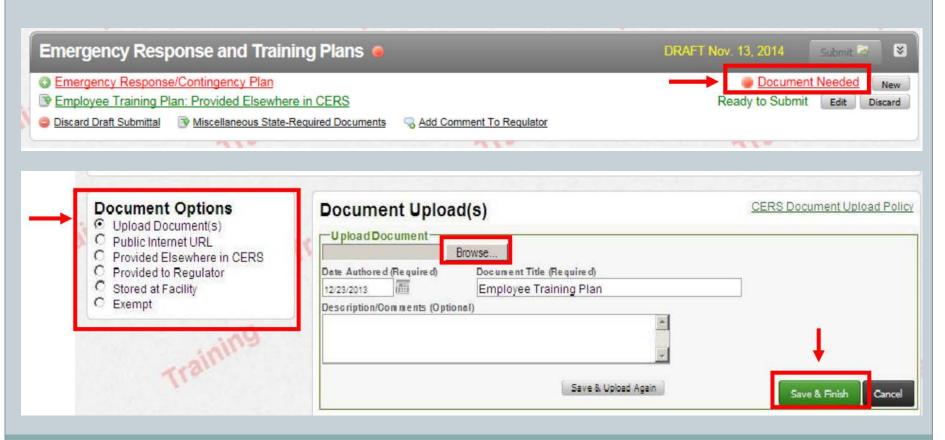


> IF A CHANGE IS NEEDED, DISCARD THE OLD PLAN.



THERE WILL BE A CONFIRMATION BOX WHEN YOU CHOOSE DISCARD

> AFTER DISCARDING THE OLD, UPLOAD THE NEW PLAN





http://cchealth.org/hazmat/pdf/CERS-Consolidated-Emergency-Response-Contingency-Plan.pdf

	CHIMON	174 E17 TROSS (	TAL DEDODUTE	OC CHICAGO A COMPAN		
CONSO				NG SYSTEM (CERS)  E / CONTINGEN	NCY PLAN	
				NG A CONSOLIDATED CONT		
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INTERNAL FACILITY EMI	ROENCY RESINANS	E WILL OCCUR VIA:		-		91
1. CALLING PUBLIC EN 2. CALLING HAZARIXO	GROENCY RESPON	NDERS (i.e., 9-1-1)				
3. ACTIVATING IN-HOL	ISE EMERGENCY R	HISPONNE TEAM			V	
				MBERS AND NOT		
Whenever there is an immin Emergency Coordinator is on	ent or actual emerger	ncy situation such as as	n explosion, fire, or relea	ue, the Emergency Coordina	tor (or his/her designee who	en the
1. Activate internal facility als	error or communication		able, to notify all facility p	personnel.		
<ol> <li>Notify appropriate local and</li> <li>Notify the California limer;</li> </ol>						
Hefore facility operations are Substances Control (DTSC), t	resumed in areas of the local Unified Prog	the facility affected by man Agency (UPA), and	the incident, the emerger the local fire department	ncy coordinator shall notify the	te California Department of m that the facility is in comm	Tonic
with requirements to:  1. Provide for proper storage:		7. 10.			1	
the facility; and						CAUSC AC
<ol><li>Ensure that no material the clearup procedures are con-</li></ol>	at is incompatible wit	th the released material is	is transferred, stored, or d	fisposed of in areas of the fac-	city affected by the inciden	
INTERNAL FACILITY EMI					A STATE OF THE PARTY OF THE PAR	t until
	ROBINCY COMMUN	NICATIONS OR ALARA		OCCUR VIA: (Check all that		t until
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1. VERBAL WARNINGS     4. PACERS;     NOTIFICATIONS TO NEED	E S. A	SICATIONS OR ALARM PUBLIC ADDRESS OR I ALARM SYSTEM;	INTERCOM SYSTEM;	OCCUR VIA: (Check all that	ADIO	et until
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4 PACERS; NOTIFICATIONS TO NEIGH     1. VERBAL WARNINGS     4 PACERS; EMIRCHOLY RESPONSE.	ROBINCY COMMUN-	NICATIONS OR ALARM VURLIC ADDRESS OR: ALARM SYSTEM; ESTITAT MAY HE AT VIRLIC ADDRESS OR: ALARM SYSTEM; BEE, POLICE AND CHE WERDENCY MANAGED PONSE CENTER (NEC)	INTERCOM SYSTEM, PECTED BY AN OFF-SE INTERCOM SYSTEM, MENT AGENCY (CALL)	OCCUR VIA: (Check all that 3. TILLEPHONE) 6. PORTABLE R TE RELEASE WILL OCCUR 3. TILLEPHONE) 6. PORTABLE R	ADIO  BY: (Check all that apply)  ADIO  9-1-1  (800) 852-7550  (800) 424-8802	d until
4 PACERS; NOTIFICATIONS TO NEIGH     1. VERBAL WARNINGS     4 PACERS; EMIRCHOLY RESPONSE.	SCHOICY COMMEN  2.1  5.4  BEOREM FACELTE  2.1  5.4  AMBULANCE, FE  CALIFORNIA EN  NATIONAL RESI  POISON CONTRE  LOCAL UNISTED	NICATEUNS OR ALAEM UBELC ADDRESS OR I ALAEM SYSTEM; ES THAT MAY BELG AP UBELC ADDRESS OR I ALAEM SYSTEM; BEL, POLICE AND CIPE BERGENCY MANAGES PONES CIPTUR (NEC) DE CENTER PROGRAM AGENCY PROGRAM AGENCY PROGRAM AGENCY PROGRAM AGENCY	INTERCOM SYSTEM, PECTED BY AN OFF-SE INTERCOM SYSTEM, MENT AGENCY (CALL)	OCCUR VIA: (Check all the  3. TELEPISCON  1. FORTABLE R  TE RELEASE WILL OCCUR  2. S. TELEPISCON  6. FORTABLE R  MA)	ADIO BY: (Check all that apply)  ADIO 9-1-1 (800) 852-7550 (800) 424-8802 (800) 222-1222	d and
4 PACERS; NOTIFICATIONS TO NEED 1 VERBAL WARNINGS 4 PACERS; EMIRGEOCY RESIDENS!	MHDSCY COMMEN  2 P. A  HIGHERO FACELITE  2 P. S. A  AMBULANCE, FI  CALIFORNIA EN  NATIONAL RESI  POISON CONTIN-  LOCAL UNDTED  OTHER (Specify):	NICATEONS OR ALADS PUBLIC ADDRESS OR I ALADM SYSTEM, STEMAY BILLAND PUBLIC ADDRESS OR I ALADM SYSTEM, BILLAND SYSTEM BILLAND S	INTERCOM SYSTEM, PECTED BY AN OPE-SE INTERCOM SYSTEM, MENT AGENCY (CAL/E ((EPACUPA)	OCCUR VIA: (Check all the  3. TELEPISCON  1. FORTABLE R  TE RELEASE WILL OCCUR  2. S. TELEPISCON  6. FORTABLE R  MA)	ACNO BY: (Chock all that apply) (ACNO 9-1-1 (800) 852-7550 (800) 424-8802 (800) 222-1222 (925) 335-3200	0 0 0
4 PAGIERS; NOTIFICATIONS TO NEIGH  1. VERBIAL WARNINGS  4 PAGIERS; EMIRICIPINA'S PERMENTINA'S PERMENTINA	MHONEY COMMIN-   2.1   5.4     5.4     6.6   15.4     6.7   15.4     7.6   15.4     8.4   15.4     8.4   15.4     8.4   15.4     8.4   15.4     9.5   15.4	NICATIONS OR A LABS  URBLIC ADDRESS OR I LARM SYSTEM. SIS THAT MAY HE API URBLIC ADDRESS OR LARM SYSTEM. BEIL, POLICE AND CHE MERIC POLICE AND CHE MERIC POLICE AND CHE PROGRAM ACHOLY.  OCHITIER  PROGRAM ACHOLY.  CONTRA COSTA C  AMB:	INTERCOM SYSTEM, PECTED BY AN OFF-SIT INTERCOM SYSTEM, MENT AGENCY (CAL/E (UPA/CUPA) COUNTY - HAZMAT (24)	OCCUR VIA: (Check all the  3. TELEPISCON  1. FORTABLE R  TE RELEASE WILL OCCUR  2. S. TELEPISCON  6. FORTABLE R  MA)	ADIO BY: (Check all that apply)  ADIO 9-1-1 (800) 852-7550 (800) 424-8802 (800) 222-1222 (800) 222-1222 (925) 335-3230 (925) (925)	0 0 0
A PAGESES.  OTHERATORS TO NECE  1. VESCIAL WARNINGS  A PAGESES.  HEMISCHOST RESPONSE PROSE NUMBERS:  NEAREST MICHCAL FACIL	MHONEY COMMIN-   2.1   5.4     5.4     6.6   15.4     6.7   15.4     7.6   15.4     8.4   15.4     8.4   15.4     8.4   15.4     8.4   15.4     9.5   15.4	NICATEONS OF A LADRE VARIETA ADDRESS OF ALARM SYSTEM SE ESTITAT MAY HE ANY VIELLA ADDRESS OF ALARM SYSTEM SE BER, POLICE AND CIP BERCENCY MANAGES PANSE CISTER ONLY DICKERS AN ACTIVE, ONLY CONTINA COSTA CAME: CALIFORNIA C	INTERCOM SYSTEM, PECTED BY AN OFF-SIT INTERCOM SYSTEM, MENT AGENCY (CAL/E (UPA/CUPA) COUNTY - HAZMAT (24)	OCCUR VIA: (Check all the  3. THLIPHONE  B PORTABLE R  B RELASSE WILL OCCUR  6. PORTABLE R  MA)  HOUR EMERGENCY  K  KES CONTROL (DITEC)	ADIO BY: (Check all that apply) ADIO 9-1-1 (800) 852-7550 (800) 424-8802 (800) 222-1222 (825) 335-3220 (925) 335-3232 (916) 255-3545	a a a
A PAGESES.  OTHERATORS TO NECE  1. VESCIAL WARNINGS  A PAGESES.  HEMISCHOST RESPONSE PROSE NUMBERS:  NEAREST MICHCAL FACIL	MHONEY COMMIN-   2.1   5.4     5.4     6.6   15.4     6.7   15.4     7.6   15.4     8.4   15.4     8.4   15.4     8.4   15.4     8.4   15.4     9.5   15.4	NICATEONS OF A LADE  VIDEL A ADDRESS OF ALARM SYSTEM;  LIST STAT MAY THE ATT  VIDEL A ADDRESS OF ALARM SYSTEM;  BILL POLICE AND OFF  CONTRIB.  CONTRIB.  CONTRIB.  COLITIFIA COSTA CAME:  CALIFORNIA DEP  BEGICRAL WATEL	INTERCOM SYSTUM;  FECTED BY AN ORE-SIT INTERCOM SYSTUM;  MENT AMENY AMENY (CALIE)  (UPACUPA)  OUNTY - HAZMAT (24  TE OF TOXIC SUBSTAM  R QUALITY CONTROL	OCCUR VIA: (Check all the  3. THLIPHONE  B PORTABLE R  B RELASSE WILL OCCUR  6. PORTABLE R  MA)  HOUR EMERGENCY  K  KES CONTROL (DITEC)	ADIO BY: (Check all that apply) ADIO 9-1-1 (800) 852-7550 (800) 424-8802 (800) 222-1222 (925) 335-3203 (916) 255-3545 (800) 300-2193	a a a
A PAGESES.  OTHERATORS TO NECE  1. VESCIAL WARNINGS  A PAGESES.  HEMISCHOST RESPONSE PROSE NUMBERS:  NEAREST MICHCAL FACIL	MHONEY COMMIN-   2.1   5.4     5.4     6.6   15.4     6.7   15.4     7.6   15.4     8.4   15.4     8.4   15.4     8.4   15.4     8.4   15.4     9.5   15.4	NECATIONS OR ALABS TUBLIC ADDRESS OR LARM SYSTEM USE THAT MAY HE AND USE THAT USE THAT MAY HE AND USE THAT U	INTERCOM SYSTEM; PRETED BY AN ORF-SEE BYTHERCOM SYSTEM;  (UPA-CUPA)  (UPA-CUPA)  (UPA-CUPA)  F. OF TOZOMAT (24  F. OF TOZOMAT (25  F. OF TOZOMAT (	OCCUR VA: (Check all the    3 TELEPPRINE)   6 FORTABLE R   1 TELEPPRINE   3 TELEPPRINE   6 FORTABLE R  MA()    6 FORTABLE R  HOLR EMERGENCY    70    7	ABIO ITT (Cheek all that apply) ABIO 9-1-1 (800) 852-7550 (800) 424-8802 (800) 222-22 (925) 335-3230 (916) 355-3232 (916) 355-3545 (800) 300-2193 (916) 358-2900	a a a
A PAGESES.  OTHERATORS TO NECE  1. VESCIAL WARNINGS  A PAGESES.  HEMISCHOST RESPONSE PROSE NUMBERS:  NEAREST MICHCAL FACIL	MHONEY COMMIN-   2.1   5.4     5.4     6.6   15.4     6.7   15.4     7.6   15.4     8.4   15.4     8.4   15.4     8.4   15.4     8.4   15.4     9.5   15.4	NECATIONS OR ALABS URBLE ADDRESS OR LALARM SYSTEM ISSTITAT MAY HELAD URBLE ADDRESS OR LALARM SYSTEM ISSTITAT MAY HELAD URBLE ADDRESS OR LALARM SYSTEM ISSTITATION OR LALARM SYSTEM OR ISSTITATION OR ISSTITAT	INTERCOM SYSTIME, PRETED BY AN ORE-ST INTERCOM SYSTIME, MISTAGENCY (CALIZ. L.	OCCUR VA: (Check all the    3 TELEPPRINE)   6 FORTABLE R   1 TELEPPRINE   3 TELEPPRINE   6 FORTABLE R  MA()    6 FORTABLE R  HOLR EMERGENCY    70    7	ADIO BY: (Check all that apple) ADIO 9-1-1 (800) 852-7550 (800) 424-8802 (800) 222-1222 (925) 335-3200 (925) 335-3200 (916) 255-3545 (800) 300-2193 (916) 358-2900 (202) 267-2180	a a a
A PAGESES.  OTHERATORS TO NECE  1. VESCIAL WARNINGS  A PAGESES.  HEMISCHOST RESPONSE PROSE NUMBERS:  NEAREST MICHCAL FACIL	MHONEY COMMIN-   2.1   5.4     5.4     6.6   15.4     6.7   15.4     7.6   15.4     8.4   15.4     8.4   15.4     8.4   15.4     8.4   15.4     9.5   15.4	NECATEURS OR ALABS URBEIC ADDRESS OR LARM SYSTEM USE THAT MAY HEATH USE THAT MAY HEATH USE THAT WAS THAT USE TH	INTERCOM SYSTIME, PROTEIN AN ORFISE INTERCOM SYSTIME, MEDIT AGENCY (CALJE  CUPACUPA  CUPACUPA  CUPACUPA  T, OF TOOLS SUBSTAN  ROLALITY CONTROL  STAL PROTECTION ON  TO OF VISH AND GAME  D	OCCUR VA: (Check all the    3 TELEPPRINE)   6 FORTABLE R   1 TELEPPRINE   3 TELEPPRINE   6 FORTABLE R  MA()    6 FORTABLE R  HOLR EMERGENCY    70    7	ADIO BY (Check all that apple) 4ADIO 9-1-1 (800) 852-7550 (800) 424-8802 (800) 222-1222 (922) 335-3200 (925) 335-3232 (916) 255-3545 (800) 300-2193 (916) 257-2180 (916) 257-2180	a a a
A PAGESES.  OTHERATORS TO NECE  1. VESCIAL WARNINGS  A PAGESES.  HEMISCHOST RESPONSE PROSE NUMBERS:  NEAREST MICHCAL FACIL	MHONEY COMMIN-   2.1   5.4     5.4     6.6   15.4     6.7   15.4     7.6   15.4     8.4   15.4     8.4   15.4     8.4   15.4     8.4   15.4     9.5   15.4	NECATIONS OR ALARS URBLIC ALDRISS OR ALARS URBLIC ALDRISS OR IN LARM SYSTEM LIST THAT THE ATI LIST THAT THAT THAT LIST TH	INTERCOM SYSTIME, PROTEIN AN ORFISE INTERCOM SYSTIME, MEDIT AGENCY (CALJE  CUPACUPA  CUPACUPA  CUPACUPA  T, OF TOOLS SUBSTAN  ROLALITY CONTROL  STAL PROTECTION ON  TO OF VISH AND GAME  D	OCCUR VA: (Check all the    3 TELEPPRINE)   6 FORTABLE R   1 TELEPPRINE   3 TELEPPRINE   6 FORTABLE R  MA()    6 FORTABLE R  HOLR EMERGENCY    70    7	ADIO BY: (Check all that apple) ADIO 9-1-1 (800) 852-7550 (800) 424-8802 (800) 222-1222 (925) 335-3200 (925) 335-3200 (916) 255-3545 (800) 300-2193 (916) 358-2900 (202) 267-2180	a a a
A PAGESES.  OTHERATORS TO NECE  1. VESCIAL WARNINGS  A PAGESES.  HEMISCHOST RESPONSE PROSE NUMBERS:  NEAREST MICHCAL FACIL	MHONEY COMMIN-   2.1   5.4     5.4     6.6   15.4     6.7   15.4     6.7   15.4     7.6   15.4     8.4   15.4     8.4   15.4     8.4   15.4     9.5   15.4	NECATEURS OR ALABS URBEIC ADDRESS OR LARM SYSTEM USE THAT MAY HEATH USE THAT MAY HEATH USE THAT WAS THAT USE TH	INTERCOM SYSTIME, PROTEIN AN ORFISE INTERCOM SYSTIME, MEDIT AGENCY (CALJE  CUPACUPA  CUPACUPA  CUPACUPA  T, OF TOOLS SUBSTAN  ROLALITY CONTROL  STAL PROTECTION ON  TO OF VISH AND GAME  D	OCCUR VA. (Ches all the  A THE PERSON TO RELEASE HILL OCCUR TO RELEASE HILL OCCUR TO RELEASE HILL  A THE PERSON TO RELEASE HILL  B THE PERSON TO RELEASE T	ADIO BY (Check all that apple) 4ADIO 9-1-1 (800) 852-7550 (800) 424-8802 (800) 222-1222 (922) 335-3200 (925) 335-3232 (916) 255-3545 (800) 300-2193 (916) 257-2180 (916) 257-2180	G. G

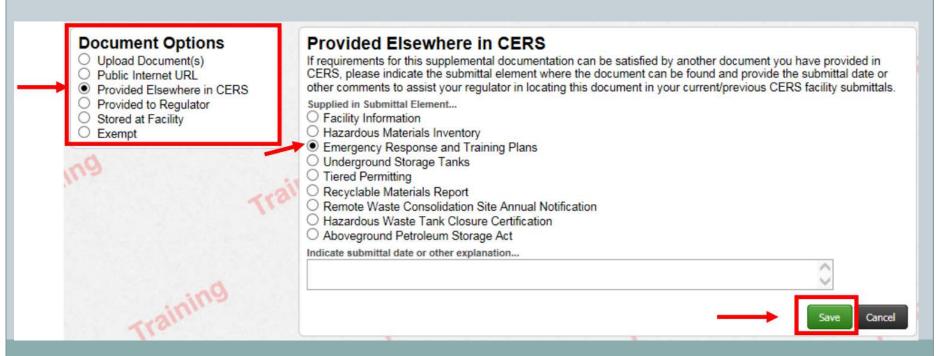
#### TRAINING PLAN

EMPLOYEE TRAINING PLAN SECTION MUST BE COMPLETED. FOR FACILITIES USING THE TEMPLATE IT IS INCLUDED IN THE EMERGENCY RESPONSE PLAN.



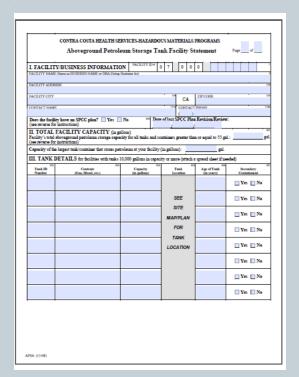
#### TRAINING PLAN

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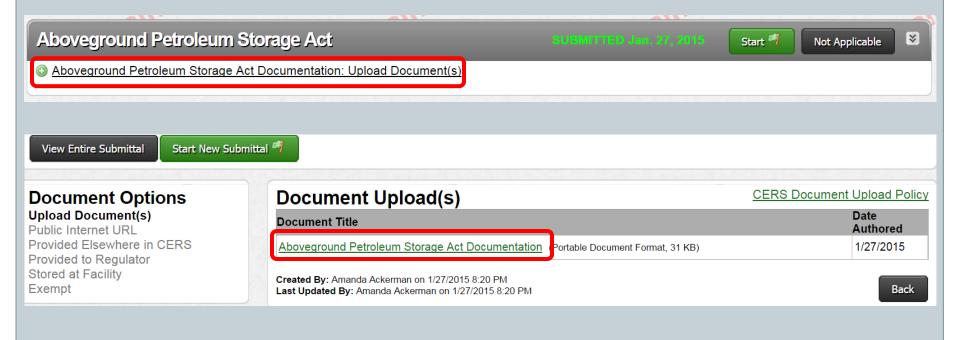
- > INITIAL SUBMITTAL VIA CERS REQUIRED.
- ➤ IF YOU HAVE SUBMITTED AN APSA FACILITY STATEMENT THROUGH CERS PREVIOUSLY AND NOTHING HAS CHANGED YOU DO NOT NEED TO SUBMIT THIS ELEMENT THIS YEAR
- DO NOT UPLOAD SPILL PREVENTION CONTROL AND COUNTERMEASURE (SPCC) PLANS





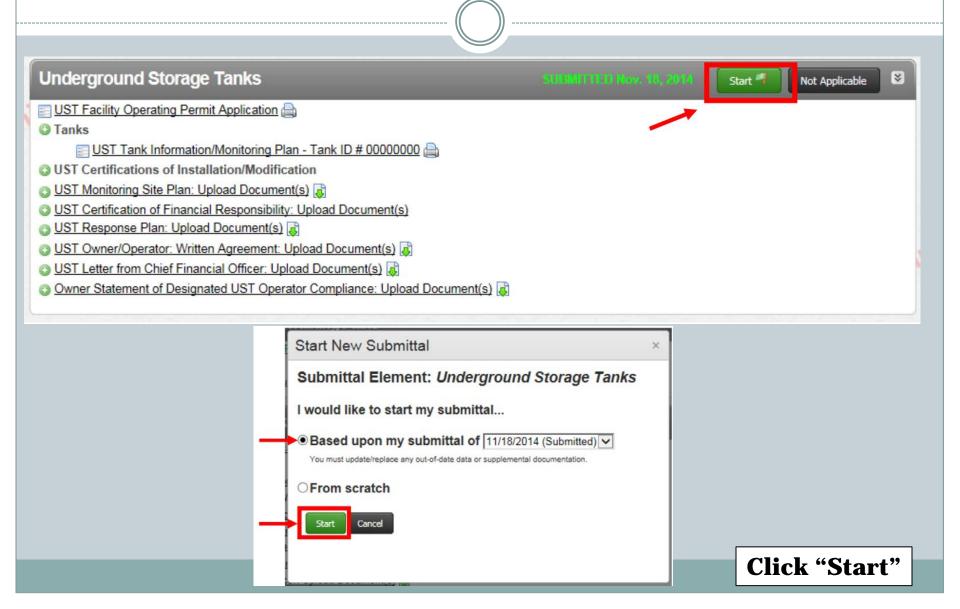
http://cchealth.org/hazmat/pdf/Aboveground-Petroleum-Storage-Act-Facility-Statement.pdf

> YOU MAY REVIEW YOUR PREVIOUS STATEMENT TO HELP DETERMINE IF ANYTHING CHANGED.



### UNDERGROUND STORAGE TANK

#### UNDERGROUND STORAGE TANK



➤ UST PERMIT APPLICATION — FACILITY INFORMATION REVIEW FOR CHANGES and COMPLETENESS.

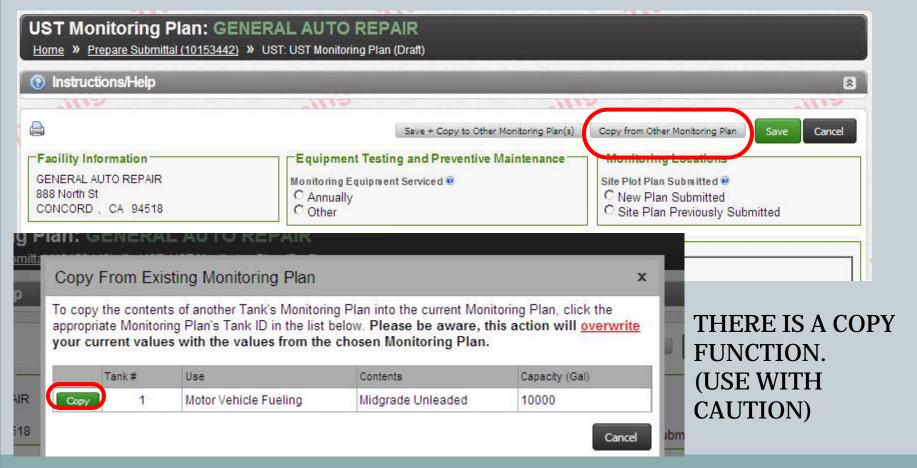
	Discard Canc		
Type of Action—			
●Confirmed/Updated Information ○New Permit ○Renewal Permit ○Te	emporary Facility Closure OPermanent Facility Closure OTransfer Permit		
Facility Information	Tank Operator		
Business Plan Business Plan Central crockett , CA 94520	Tank Operator Name Phone Tank Operator Name 555555555		
Facility Type   Omega    Omega	Mailing Address ₩ 1234 Nowhere Way		
● Other BOE Number ●	City State ZIP/Postal Code  Martinez CA 94553		
44032244   Is the facility located on Indian Reservation/Trust lands?	Country   United States  ▼ For International Address		
Property Owner	Owner Name  Phone		
Owner Name @ Phone @	Tank Owner 555555555		
Owner Name 555555555  Mailing Address •	Mailing Address   1234 Mailing Address		
1234 Mailing Address  City State ZIP/Postal Code	City State ZIP/Postal Code  Martinez CA 94553		
Martinez CA 94553	Country   United States  ▼ For International Address		
Country   United States   For International Address  ▼	Tank Owner Type County Agency State Agency  Federal Agency Non-Government		

➤ UST TANK INFORMATION/MONITORING PLAN
-THIS SHOULD REMAIN CONSISTENT/NOT NEED UPDATES
UNLESS YOU KNOW WHAT NEEDS TO CHANGE.

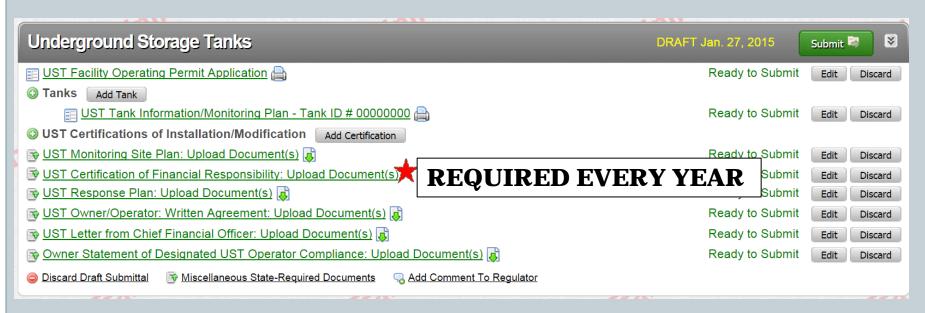


- ➤ IF YOU KNOW SOMETHING NEEDS TO BE UPDATED CHOOSE EDIT TO ACCESS THE TANK INFORMATION PAGE.
- NEVER CHANGE THE TANK ID #.

➤ THE MONITORING PLAN WILL BECOME AVAILABLE AFTER CHOOSING SAVE ON THE TANK INFORMATION PAGE.

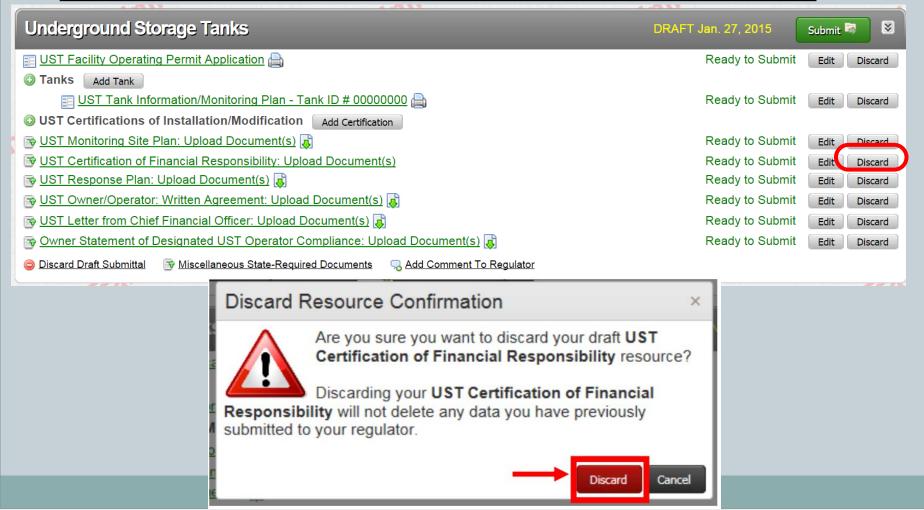


CERTIFICATION OF FINANCIAL RESPONSIBILITY – MUST BE SUBMITTED ANNUALLY

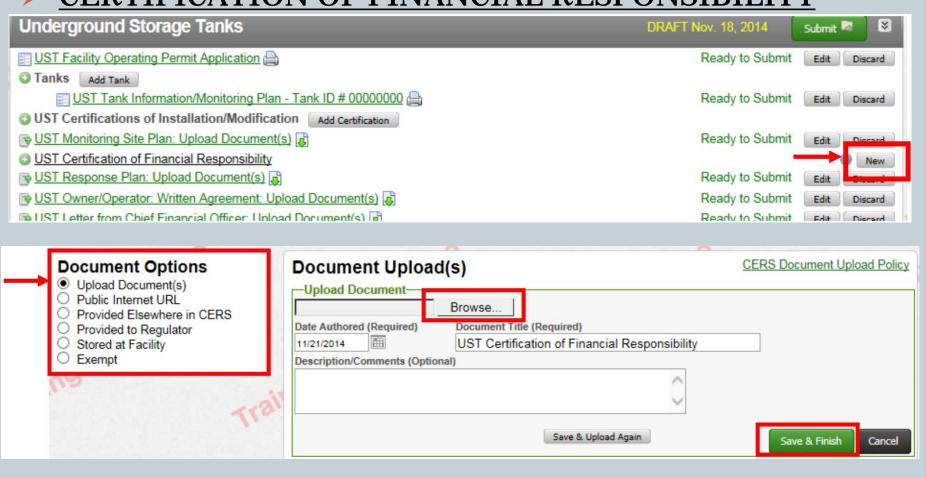


http://cchealth.org/hazmat/pdf/UST-Certification-of-Financial-Responsibility.pdf

#### CERTIFICATION OF FINANCIAL RESPONSIBILITY

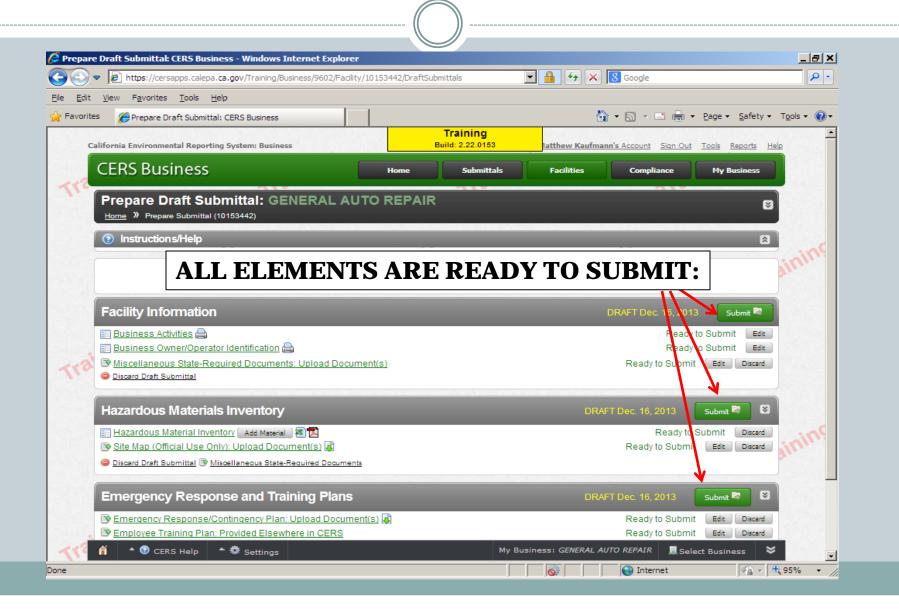




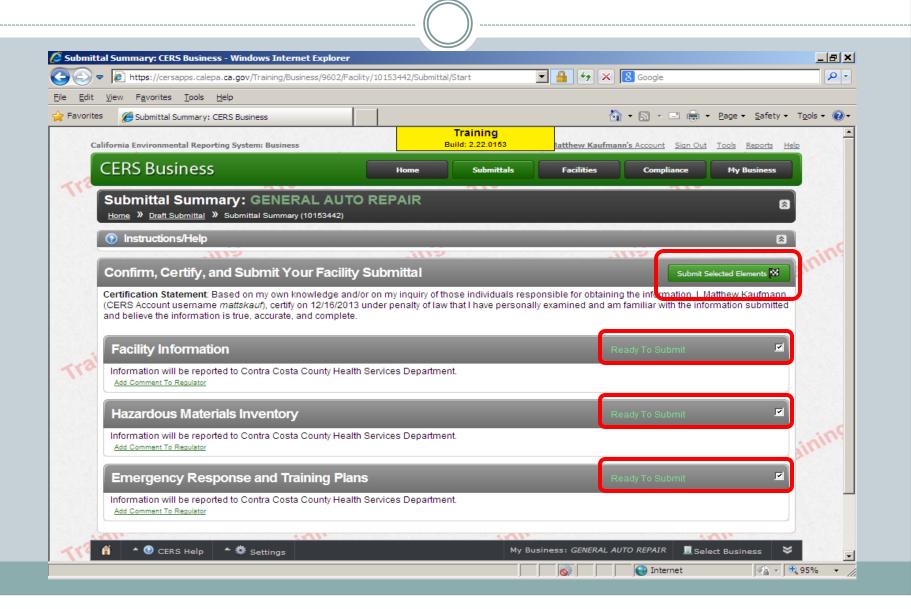


- ➤ MONITORING SITE PLAN CURRENT FORM MUST BE ON FILE WITH CCHSHMP
- ➤ <u>RESPONSE PLAN</u> CURRENT FORM MUST BE ON FILE WITH CCHSHMP
- ➤ <u>UST OWNER/OPERATOR WRITTEN AGREEMENT</u> CURRENT AGREEMENT ON FILE WITH CCHSHMP
- ➤ <u>UST LETTER FROM CHIEF FINANCIAL OFFICER</u> SUBMITTED **ANNUALLY** IF PROVIDING \$5,000 ON CFR FORM
- OWNER STATEMENT OF DESIGNATED UST OPERATOR COMPLIANCE – CURRENT FORM ON FILE WITH CCHSHMP

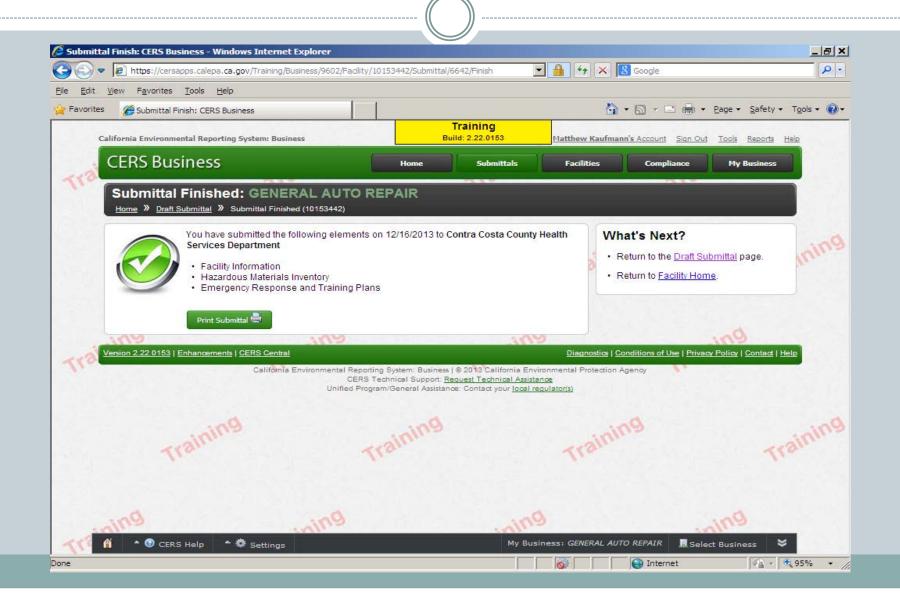
#### **READY TO SUBMIT**



#### **READY TO SUBMIT**



#### SUCCESS!!!



#### **CONCLUSION**

#### **QUESTIONS?**

FOR ADDITIONAL ASSISTANCE CONTACT (925) 335-3200.

FAX: (925) 646-2073