## 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  |   |   |   |   |   |                              |                        |                 |                                  |          |                                     |                                    |  |            |
|---|---|---|---|---|---|------------------------------|------------------------|-----------------|----------------------------------|----------|-------------------------------------|------------------------------------|--|------------|
| FACILITY ID #   |   | _   |   |   |   | 1.                           | CERS                   | ID              |                                  | A1.      | DATE OF                             | PLAN PR                            | EPARATION/REVISIO  | N A2.      |
| BUSINESS NAME (Same as F  | acility Nar   | ne or DB.   | A - Doir  | ng Bus                                    | iness As                                  | i)                           |                        |                 |                                  |          |                                     |                                    |  | 3.         |
| BUSINESS SITE ADDRESS   |   |   |   |   |   |                              |                        |                 |                                  |          |                                     |                                    |  | 103.       |
| BUSINESS SITE CITY  |   |   |   |   |   |                              |                        |                 |                                  | 104.     | CA                                  | ZIP CO                             | DE   | 105.       |
| TYPE OF BUSINESS (e.g., Pai   | inting Con  | tractor)  |   |   |   |                              | A3.                    | INCIE           | DENTAL                           | OPERA    | TIONS (e.g                          | ., Fleet Ma                        | intenance)   | A4.        |
| THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING: (Check all that apply)  A5.  1. HAZARDOUS MATERIALS;  2. HAZARDOUS WASTES   |   |   |   |   |   |                              |                        |                 |                                  |          |                                     |                                    |  |            |
| B. INTERNAL RESPONSE  |   |   |   |   |   |                              |                        |                 |                                  |          |                                     |                                    |  |            |
| INTERNAL FACILITY EMER  ☐ 1. CALLING PUBLIC EME ☐ 2. CALLING HAZARDOUS ☐ 3. ACTIVATING IN-HOUS  | ERGENCY<br>S WASTE  | RESPO?  | NDERS<br>ACTOR  | L OCC<br>(i.e., 9                         | CUR VI<br>9-1-1)                          |                              |                        |                 |                                  |          |                                     |                                    |  | B1.        |
| C. EMERG  | ENCY  | COM   | <b>1MU</b>  | NIC                                       | ATI                                       | ON                           | IS, P                  | HON             | E NU                             | MBE      | RS ANI                              | NOT:                               | IFICATIONS   |            |
| Whenever there is an imminer Emergency Coordinator is on ca 1. Activate internal facility alart 2. Notify appropriate local auth 3. Notify the California Emerge Before facility operations are r Substances Control (DTSC), the with requirements to: 1. Provide for proper storage an the facility; and | all) shall: ms or com- orities (i.e. ency Mana- resumed in e local Un | munication, call 9-1-<br>gement A<br>areas of<br>ified Prog | ons systems. In the factor of | ems, w<br>at (800)<br>cility a<br>gency ( | there ap<br>) 852-75<br>ffected<br>(UPA), | plica<br>550.<br>by t<br>and | the incident the local | notify al       | l facility per emerger epartment | ncy coor | el.<br>rdinator shal<br>dous materi | l notify the                       | e California Department<br>in that the facility is in co | of Toxic   |
| 2. Ensure that no material that cleanup procedures are comp   |   | atible wi   | th the r  | eleased                                   | d mater                                   | ial i                        | s transfe              | erred, sto      | ored, or d                       | lisposed | of in areas                         | of the fac                         | ility affected by the inci                               | dent until |
| INTERNAL FACILITY EMER  ☐ 1. VERBAL WARNINGS;  ☐ 4. PAGERS;   |   | ☐ 2. I  |   | CADD                                      | RESS (                                    |                              |                        | FICATION SY     |                                  | OCCU     | ☐ 3. TEL                            | eck all that<br>EPHONE;<br>TABLE R |  | C1.        |
| NOTIFICATIONS TO NEIGHI ☐ 1. VERBAL WARNINGS; ☐ 4. PAGERS;  | BORING I  | ☐ 2. I  |   | CADD                                      | RESS (                                    |                              |                        | BY AN<br>COM SY |                                  | ΓE REL   | EASE WILI  3. TEL  6. POR           | EPHONE;                            |  | r) C2.     |
| EMERGENCY RESPONSE<br>PHONE NUMBERS:  | CALIFO<br>NATION  | RNIA EN   | MERGE<br>PONSE  | NCY I                                     | MANA(<br>ΓER (NI                          | GEM<br>RC)                   | MENT A                 | AGENCY          | / (CAL/E                         | MA)      |                                     |                                    | (800) 852-7550<br>(800) 424-8802                         |            |
|   |   |   |   |   |   |                              |                        |                 |                                  |          |                                     |                                    |  | C3.        |
|   | OTHER   |   |   | 107 1171                                  | HOLIN                                     | 01 (                         | OTTIC                  | <u>0171)</u>    |                                  |          |                                     | C4.                                | •  | C5.        |
| NEAREST MEDICAL FACILI  |   |   |   |   |   |                              |                        |                 |                                  |          |                                     | C6.                                |  | C7.        |
| AGENCY NOTIFICATION PH  |   |   |   | ALIFOI                                    | RNIA F                                    | )EP                          | Г ОЕТ                  | OXIC S          | URSTAN                           | CES CO   | ONTROL (E                           | TSC)                               | . (916) 255-3545   |            |
| AIGENET NOTH IEATHOLYTI   | IOI LE IVO  | VIBERG.   |   |   |   |                              |                        |                 |                                  |          | D                                   | ,                                  |  | C8.        |
|   |   |   |   |   |   |                              |                        |                 |                                  |          | (US EPA) .                          |                                    | (000) 000 0400   |            |
|   |   |   |   |   |   |                              |                        |                 |                                  |          |                                     |                                    | (0.4.0) 0.50 0.000                                       |            |
|   |   |   |   |   |   |                              |                        |                 |                                  | ` ′      |                                     |                                    |  |            |
|   |   |   |   |   |   |                              |                        |                 |                                  |          |                                     |                                    | 20.40, 000 0000  |            |
|   |   |   |   |   |   |                              |                        |                 |                                  |          |                                     |                                    | `  |            |
|   |   |   |   |   | (Specify                                  |                              |                        |                 |                                  |          |                                     | C9.                                |  | C10.       |
|   |   |   |   |   | (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.)  |
| 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):   |
| E. FACILITY EVACUATION   |
| THE FOLLOWING ALARM SIGNAL(S) WILL BE USED TO BEGIN EVACUATION OF THE FACILITY (CHECK ALL THAT APPLY):  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.)  |
| Note: The Emergency Coordinator must account for all on site employees and/or site visitors after evacuation.  EVACUATION ROUTE MAP(S) POSTED AS REQUIRED  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   |
| <b>Explanation of Requirement:</b> 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)   |
| ☐ 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.,  $\boxtimes$  CHEMICAL PROTECTIVE GLOVES | Spill response kit | One time use, Oil & solvent resistant only.]

| 1 1                                | 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,         |              | , , , , , , , , , , , , , , , , , , , |
|------------------------------------|---|--------------|---------------------------------------|
| TYPE                               | EQUIPMENT AVAILABLE G1.                           | LOCATION G2. | CAPABILITY (If applicable) G3.        |
| Safety<br>and                      | 1. CHEMICAL PROTECTIVE SUITS, APRONS,<br>OR VESTS |              |                                       |
| First Aid                          | 2. CHEMICAL PROTECTIVE GLOVES                     | G4.          | G5.                                   |
|                                    | 3.   CHEMICAL PROTECTIVE BOOTS                    | G6.          | G7.                                   |
|                                    | 4.   SAFETY GLASSES / GOGGLES / SHIELDS           | G8.          | G9.                                   |
|                                    | 5. HARD HATS                                      | G10.         | G11.                                  |
|                                    | 6. CARTRIDGE RESPIRATORS                          | G12.         | G13.                                  |
|                                    | 7. SELF-CONTAINED BREATHING APPARATUS             | G14.         | G15.                                  |
|                                    | (SCBA) 8.  FIRST AID KITS / STATIONS              | G16.         | G17.                                  |
|                                    | 9. PLUMBED EYEWASH FOUNTAIN / SHOWER              | G18.         | G19.                                  |
|                                    | 10. PORTABLE EYEWASH KITS                         | G20.         | G21.                                  |
|                                    | 11. ☐ OTHER                                       | G22.         | G23.                                  |
|                                    | 12. ☐ OTHER                                       | G24.         | G25.                                  |
| Fire                               | 13.   PORTABLE FIRE EXTINGUISHERS                 | G26.         | G27.                                  |
|                                    | 14.  FIXED FIRE SYSTEMS / SPRINKLERS /            | G28.         | G29.                                  |
|                                    | FIRE HOSES  15.  FIRE ALARM BOXES OR STATIONS     | G30.         | G31.                                  |
|                                    | 16. ☐ OTHER                                       | G32.         | G33.                                  |
| Spill                              | 17. ALL-IN-ONE SPILL KIT                          | G34.         | G35.                                  |
| Clean Un                           | 18. ABSORBENT MATERIAL                            | G36.         | G37.                                  |
|                                    | 19. CONTAINER FOR USED ABSORBENT                  | G38.         | G39.                                  |
|                                    | 20. BERMING / DIKING EQUIPMENT                    | G40.         | G41.                                  |
|                                    | 21. BROOM   | G42.         | G43.                                  |
|                                    | 22. SHOVEL  | G44.         | G45.                                  |
|                                    | 23. SHOP VAC                                      | G46.         | G47.                                  |
|                                    | 24.  EXHAUST HOOD                                 | G48.         | G49.                                  |
|                                    | 25.   EMERGENCY SUMP / HOLDING TANK               | G50.         | G51.                                  |
|                                    | 26.  CHEMICAL NEUTRALIZERS                        | G52.         | G53.                                  |
|                                    | 27.  GAS CYLINDER LEAK REPAIR KIT                 | G54.         | G55.                                  |
|                                    | 28.  SPILL OVERPACK DRUMS                         | G56.         | G57.                                  |
|                                    | 29. OTHER   | G58.         | G59.                                  |
| Communi-                           | 30. TELEPHONES (Includes cellular)                | G60.         | G61.                                  |
| cations<br>and<br>Alarm<br>Systems | 31.   INTERCOM / PA SYSTEM                        | G62.         | G63.                                  |
|                                    | 32. PORTABLE RADIOS                               | G64.         | G65.                                  |
|                                    | 33.   AUTOMATIC ALARM CHEMICAL                    | G66.         | G67.                                  |
| Other                              | MONITORING EQUIPMENT  34. OTHER                   | G68.         | G69.                                  |
|                                    | 35. 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.  |  |  |  |  |  |
|  | H1. LOCATIONS (e.g., shop, outdoor shed, forensic lab)  H2.  H3.  H4.  H5. |  |  |  |  |
| Identify mechanical systems vulnerable to releases / spills due to earthquake-related mo   | otion. These systems require immediate isolation and inspection.           |  |  |  |  |
|  | 16. LOCATIONS  H7  H8  H9  H10  H11  |  |  |  |  |
| I. EMPLOYEE  | TRAINING   |  |  |  |  |
| <ul> <li>Hazard communication related to health and safety;</li> <li>Methods for safe handling of hazardous substances;</li> <li>Fire hazards of materials / processes;</li> <li>Conditions likely to worsen emergencies;</li> <li>Coordination of emergency response;</li> <li>Notification procedures;</li> </ul>  |  |  |  |  |  |
| INDICATE HOW EMPLOYEE TRAINING PROGRAM IS ADMINISTERED (Check all that apply)  1. FORMAL CLASSROOM; 2. VIDEOS; 3. SAFETY/TAILGATE MEETINGS;  4. STUDY GUIDES / MANUALS (Specify):  5. OTHER (Specify):  6. NOT APPLICABLE BECAUSE FACILITY HAS NO EMPLOYEES  |  |  |  |  |  |
| <ul> <li>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:</li> <li>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.).</li> <li>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</li> <li>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.</li> <li>Current employee training records must be retained until closure of the facility.</li> <li>Former employee training records must be retained at least three years after termination of employment.</li> </ul> |  |  |  |  |  |
| J. LIST OF ATTACHMENTS   |  |  |  |  |  |
| (Check one of the following)  ☐ 1. NO ATTACHMENTS ARE REQUIRED; or ☐ 2. THE FOLLOWING DOCUMENTS ARE ATTACHED:  | J1.<br>J2.   |  |  |  |  |
| K. SIGNATURE / CERTIFICATION   |  |  |  |  |  |
| <b>Certification:</b> 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) K2.   | TITLE OF SIGNER K3.  |  |  |  |  |