

**Unified Program (UP) Form  
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:

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PLAN CERTIFICATION	
<i>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.</i>	
Printed Name of Owner/ Operator	Title of Owner/Operator
Signature of Owner/ Operator	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 your local CUPA or PA.

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**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, or
- 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 local UST agency, CUPA or PA, 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.*

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**SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN**

<b>I. FACILITY IDENTIFICATION</b>			
BUSINESS NAME	3	FACILITY ID #	1
SITE ADDRESS	103	CITY	104
		ZIP CODE	105
<b>II. EMERGENCY CONTACTS</b>			
<b>PRIMARY</b>		<b>SECONDARY</b>	
NAME	123	NAME	128
TITLE	124	TITLE	129
BUSINESS PHONE	125	BUSINESS PHONE	130
24-HOUR PHONE	126	24-HOUR PHONE	131
PAGER #	127	PAGER #	132
<b>III. EMERGENCY RESPONSE PLANS AND PROCEDURES</b>			
<b>A. Notifications</b>			
<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, immediately call:</p> <p align="center">FIRE/PARAMEDICS/POLICE/SHERIFF PHONE: 911</p> <p><b>AFTER</b> the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services.</p> <p>Local Unified Program Agency: (760) 924-1847            State Office of Emergency Service: (800) 852-7550 or (916) 262-1621            National Response Center: (800) 424-8802</p> <p align="center">Information to be provided during Notification:</p> <ul style="list-style-type: none"> <li>• Your name and the telephone number from which you are calling.</li> <li>• Exact address of the release or threatened release.</li> <li>• Date, time, cause, and type of incident (e.g. fire, air release, spill etc.).</li> <li>• Material and quantity of the release, to the extent known.</li> <li>• Current condition of the facility.</li> <li>• Extent of injuries, if any.</li> <li>• Possible hazards to public health and / or the environment outside of the facility.</li> </ul>			
<b>B. Emergency Medical Facility</b>			
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:	

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**SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN**

<b>C. Private Emergency Response</b>	
<b>DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
<b>CLEANUP/DISPOSAL CONTRACTOR</b>	
List the contractor that will provide cleanup services in the event of a release.	
NAME OF CONTRACTOR:	PHONE NO: - -
ADDRESS:	
CITY:	ZIP CODE:
<b>D. Arrangements With Emergency Responders</b>	
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:	
<b>E. Evacuation Plan</b>	
1. The following alarm signal(s) will be used to begin evacuation of the facility ( <i>check all which apply</i> ):	
<input type="checkbox"/> Verbal <input type="checkbox"/> Telephone ( <i>including cellular</i> ) <input type="checkbox"/> Alarm System <input type="checkbox"/> Public Address System <input type="checkbox"/> Intercom <input type="checkbox"/> Pagers <input type="checkbox"/> Portable Radio <input type="checkbox"/> Other ( <i>specify</i> ):	
2. <input type="checkbox"/> Evacuation map is prominently displayed throughout the facility.	
3. <input type="checkbox"/> Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:	
<b>F. Earthquake Vulnerability</b>	
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.	
<input type="checkbox"/> Hazardous Waste/ Hazardous Materials Storage Areas <input type="checkbox"/> Bench/ Lab	<input type="checkbox"/> Production Floor <input type="checkbox"/> Waste Treatment <input type="checkbox"/> Other:
Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.	
<input type="checkbox"/> Utilities <input type="checkbox"/> Racks <input type="checkbox"/> Process Piping	<input type="checkbox"/> Sprinkler Systems <input type="checkbox"/> Pressure Vessels <input type="checkbox"/> Shutoff Valves <input type="checkbox"/> Cabinets <input type="checkbox"/> Gas Cylinders <input type="checkbox"/> Shelves <input type="checkbox"/> Tanks <input type="checkbox"/> Other:



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**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 on site map (pg. 12)*	4. Description**
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment ( <i>describe</i> )		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits ( <i>describe</i> )		
	<input type="checkbox"/> Face Shields		
	<input type="checkbox"/> First Aid Kits/Stations ( <i>describe</i> )		
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits ( <i>i.e. bottle type</i> )		
	<input type="checkbox"/> Respirator Cartridges ( <i>describe</i> )		
	<input type="checkbox"/> Safety Glasses/Splash Goggles		
	<input type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
<input type="checkbox"/> Other ( <i>describe</i> )			
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input type="checkbox"/> Fire Extinguisher Systems ( <i>describe</i> )		
	<input type="checkbox"/> Other ( <i>describe</i> )		
Spill Control Equipment and Decontamination Equipment	<input type="checkbox"/> Absorbents ( <i>describe</i> )		
	<input type="checkbox"/> Berms/Dikes ( <i>describe</i> )		
	<input type="checkbox"/> Decontamination Equipment ( <i>describe</i> )		
	<input type="checkbox"/> Emergency Tanks ( <i>describe</i> )		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinders Leak Repair Kits ( <i>describe</i> )		
	<input type="checkbox"/> Neutralizers ( <i>describe</i> )		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps ( <i>describe</i> )		
	<input type="checkbox"/> Other ( <i>describe</i> )		
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms ( <i>describe</i> )		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input type="checkbox"/> Telephones		
	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
	<input type="checkbox"/> Other ( <i>describe</i> )		
Additional Equipment (Use Additional Pages if Needed.)			

\* 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.

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**SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN**

**V. EMPLOYEE TRAINING**

All facilities which handle hazardous materials must have a written employee training plan. A blank 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:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Familiarity with all plans and procedures specified in the Contingency Plan.</li><li>• Methods for safe handling of hazardous materials.</li><li>• Safety procedures in the event of a release or threatened release of a hazardous material.</li><li>• Use of emergency response equipment and supplies under the control of the business.</li><li>• Procedures for coordination with local emergency response organizations.</li></ul> |
|--|

**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:**

- Internal alarm/notification procedures.
- Evacuation/re-entry procedures and assembly point locations.
- 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.

<b>EMPLOYEE TRAINING</b>
<ul style="list-style-type: none"><li>• 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.</li><li>• Employees will not handle hazardous wastes without supervision until trained.</li></ul>
<b>TRAINING DOCUMENTATION</b>
The owner or operator must maintain the following documents and records <u>at the facility</u> : <ul style="list-style-type: none"><li>• 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).</li><li>• Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position).</li><li>• Description of <i>type</i> and <i>amount</i> of both introductory and continuing training given to each employee.</li><li>• Records that document that the requirements for training or job experience have been met.</li><li>• Current employees' training records (to be retained until closure of the facility).</li><li>• Former employees' training records (to be retained at least three years after termination of employment).</li></ul>

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**Unified Program (UP) Form  
 CONSOLIDATED CONTINGENCY PLAN  
 (only for facilities with underground storage tanks)  
 SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN**

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

*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.*

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 (only for facilities with underground storage tanks)  
 SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN**

<b>III. EMERGENCY RESPONSE PLAN</b>		
<b>1. If an unauthorized release occurs, hazardous substances will be cleaned up by:</b>		
<b>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.</b>		
<b>Local UST Agency</b> Mono County Environmental Health/CUPA	<b>Phone</b> 760-924-1847	
<b>3. The following persons are responsible for authorizing work necessary under the response plan:</b>		
Name	Title	Phone
Name	Title	Phone
Name	Title	Phone
Additional Persons		
<b>4. The proposed methods and equipment to be used for removing and properly disposing of hazardous substances and cleanup wastes are the following:</b>		
<b>5. The location and availability of the required cleanup equipment listed in item #4 is as follows:</b>		
<b>6. The maintenance schedule for the cleanup equipment is as follows:</b>		
<b>7. Additional information:</b>		

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## SITE MAP

BUSINESS NAME <span style="float: right;">3</span>		
SITE ADDRESS <span style="float: right;">103</span>	CITY <span style="float: right;">104</span>	ZIP CODE <span style="float: right;">105</span>
DATE MAP DRAWN - -	MAP #	FACILITY ID # <span style="float: right;">1</span>

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

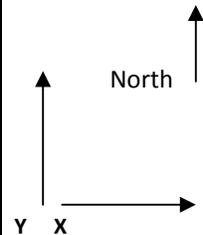
**For Site Map**

- 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.



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