

**Office of the State Fire Marshal**

**Unified Program Agency Facility File Review Checklist**

**Hazardous Materials Management Plan and Hazardous Materials Inventory Statement and Aboveground Petroleum Storage Act Programs**

Unified Program Agency:

Evaluation Date(s):

Evaluator:

Facility File Name:

CERS ID:

**Hazardous Materials Management Plan & Hazardous Materials Inventory Statement Program**

**Business Activities**

Submittal Date (w/in last 12 months):

Accepted by UPA Date:

Identification & Declaration:

Additional local requirements:

**Business Owner/Operator ID**

Submittal Date (w/in last 12 months):

Accepted by UPA Date:

Identification:

Business Owner:

Environmental Contact:

Emergency Contact:

Additional locally collected information:

**Hazardous Material Inventory – Chemical Description**

Submittal Date:

Accepted by UPA Date:

*Facility Information*

Business Name & Chemical Location:

Chemical/Common Name:

CAS #:

Trade Secret, EHS, EPCRA:

Fire Code Hazard Class:

HazMat Type, Physical State, Fed. Hazardous Categories:

Ave./Max. Daily Amounts:

Annual Waste Amnt./State Waste Code:

Storage Container, Largest Container:

Storage Pressure/Temperature:

Hazardous Component (Mixture/Waste):

Additional locally collected information:

**Emergency Response Plans & Procedures**

Submittal Date:

Accepted by UPA Date:

Emergency Notification/Communication/Numbers: Local Emergency Response, UPA, CAL OES, Emergency Coordinators, & Onsite Technical Advisors &/or Internal Response:

Local Medical Assistance:

Mitigation/Prevention/Abatement of Hazards: Emergency Containments, Clean Up Procedures,

Emergency Equipment:

Notification/Evacuation of Facility:

Areas/systems requiring immediate inspection or isolation due to earthquake vulnerability:

**Employee Training Plan**

Submittal Date (w/in last 12 months):

Accepted by UPA Date:

Safe Handling, coordination w/ emergency response, use of emergency response equipment/supplies:

Training in Emergency Response Procedures:

Frequency - Initial & Refresher:

**Site Map**

Submittal Date (w/in last 12 months):

Accepted by UPA Date:

Orientation (North):

Adjacent Streets:

Access & Exit Points:

Evacuation Staging Areas:

Hazardous Material Handling and Storage Area:

Emergency Response Equipment (e.g. equipment for fire suppression, approach & mitigation, PPE, medical response, etc.):

*If present*

Loading Areas:

Internal Roads:

Storm & Sewer Drains:

Emergency Shutoff:

Additional locally collected information:

**Aboveground Petroleum Storage Act (APSA) Program:**

Yes  No  Is the facility regulated under APSA (has 1,320 gallons or more petroleum, or one or more tanks in an underground area)? If yes, complete the page.

Yes  No  Is the facility a conditionally exempt tank facility (a farm, nursery, logging site, or construction site)?

Yes  No  N/A  If the facility has not completed a business plan within the last 12 months, did the facility submit a tank facility statement? If yes, fill out “Tank Facility Statement” section below.

Yes  No  N/A  Is the facility a “qualified facility” per Code of Regulations, Title 40, Section 112.3 (g)?

Yes  No  N/A  Does the facility store 10,000 gallons or more of petroleum?

Total petroleum storage capacity (estimated) based on chemical inventory:

Total petroleum storage based on APSA submittal:

Yes  No  UNK  Does the facility have a tank in an underground area (TIUGA) (shell cap. ≥55gal)?

**Tank Facility Statement**

Submittal Date (w/in last 12 months?):

Accepted by UPA Date:

Name & Address of Tank Facility:

Contact Person:

Total Aboveground Petroleum Storage Capacity (for each storage tank that exceeds 10,000 gal. in shell capacity):

Location:

Contents:

**SPCC Plan**

Does the Facility have an SPCC Plan? Yes  No

Date SPCC Plan Certified or Last 5-Year Review:

Was an SPCC Plan Submitted into CERS? Yes  No

*(SPCC Plan should not be submitted into CERS)*

Was the SPCC Plan in CERS Accepted by UPA? Yes  No

**Inspection**

Date of Last Routine Inspection:

Date(s) of Previous Inspection(s):

Any Repeat Violations: Yes  No

Violation(s) Classified: Yes  No

Minor violation(s):

Class II Violation(s):

Class I Violation(s):

CME Data in CERS? Yes  No  N/A

If Yes, CME Data Accurate/Correct? Yes  No

**Enforcement**

Informal/formal Enforcement:

Date RTC Achieved:

Status:

CME Data in CERS? Yes  No  N/A

If Yes, CME Data Accurate/Correct? Yes  No  N/A

**Additional Comments and Notes:**