

**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:**