




# CITY OF OROVILLE

DEPARTMENT OF COMMUNITY DEVELOPMENT  
BUILDING & FIRE DEPARTMENT  
1735 MONTGOMERY STREET • OROVILLE, CA 95965-4897

530-538-2425  
Fax 530-538-2426

## EMERGENCY PLAN IN THE EVENT OF RELEASE OF HAZARDOUS MATERIALS FORM FOR THE CITY OF OROVILLE FIRE DEPARTMENT

**CITY OF OROVILLE  
FIRE PREVENTION DEPT.**

**APPROVED**  
BY   
DATE 1/12/09

Appendix A  
California Hazardous Materials Inventory Reporting Form—Business Owner/Operator Identification Page

CALENDAR YEAR BEGINNING (1)  ENDING (2)  (3) PAGE 1 OF

BUSINESS NAME (4)  BUSINESS PHONE: (5)

SITE ADDRESS (6)

CITY (7)  STATE (8)  ZIP (9)

DUN & BRADSTREET (10)

OPERATOR (12)  SIC CODE (4 DIGIT #)(11)

OPERATOR PHONE (13)

**OWNER INFORMATION**

OWNER NAME (14)  OWNER PHONE (15)

OWNER MAILING ADDRESS (16)

CITY (17)  STATE (18)  ZIP (19)

**ENVIRONMENTAL CONTACT**

CONTACT NAME (20)  CONTACT PHONE (21)

MAILING ADDRESS (22)

CITY (23)  STATE (24)  ZIP (25)

Primary	EMERGENCY CONTACTS	Secondary
NAME: (26) <input type="text"/>		NAME: (31) <input type="text"/>
TITLE: (27) <input type="text"/>		TITLE: (32) <input type="text"/>
BUSINESS PHONE: (28) <input type="text"/>		BUSINESS PHONE: (33) <input type="text"/>
24-HOUR PHONE: (29) <input type="text"/>		24-HOUR PHONE: (34) <input type="text"/>
PAGER #: (30) <input type="text"/>		PAGER #: (35) <input type="text"/>

**ACUTELY HAZARDOUS MATERIALS (AHM)**

ON SITE AHM (36)  Yes  No

If yes, and above Threshold Planning Quantities, attach a sheet of paper with a general description of the process and principal equipment.

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

(37)

.....

.....

.....

.....

.....

**Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate, and complete.**

Print Name of Document Preparer (38)

Signature of Owner/Operator (39)  Date (40)

25. Zip Enter the zip code for the *environmental contact* address. The extra 4 digit zip may also be added.
26. Primary Contact Name Enter the name of a facility representative that can be contacted in case of an emergency involving hazardous materials at the facility. The contact shall have **FULL** facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
27. Primary Contact Title Enter the title of the primary contact.
28. Primary Business Phone Enter the business phone number for the primary contact, area code first, and any extensions.
29. Primary 24-hour Phone Enter a 24-hour phone number for the primary contact. *The 24-hour phone number must be one which is answered 24 hours a day and if not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated individual.*
30. Primary Pager Number Enter the pager telephone number for the primary contact, if available.
31. Secondary Contact Name Enter the name of facility official that can be contacted in the event that the primary contact is not available. The contact shall have **FULL** facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
32. Secondary Contact Title Enter the title of the secondary contact.
33. Secondary Business Phone Enter the business number for the secondary contact, area code first, and any extension.
34. Secondary 24-hour Phone Enter a 24-hour phone number for the secondary contact. *The 24-hour phone number must be one which is answered 24 hours a day and if not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated individual.*
35. Secondary Pager Number Enter the pager number for the secondary contact, if available.
36. Acutely Hazardous Materials Indicate whether Acutely Hazardous Materials (AHM), as defined in Section 25532 of the Health and Safety Code, are handled in quantities equal to or greater than Threshold Planning Quantities (TPQ) listed in 40 CFR Section 355, Appendix A. Doing this will meet the requirements of Section 25533(a) of the Health and Safety Code to register as a handler of AHM. On another sheet of paper, enter information on process and equipment such as operating temperature and pressure ranges, capacities, product characteristics, and critical process points for which AHM's are involved.
37. Locally Collected Information This space *and only this space* is to be used for administering agencies to collect any additional information necessary to meet the requirements of their individual programs. Contact administering agency for guidance on information to be included in this section.
38. Document Preparer Print the full name of the person who prepared the inventory submittal information.
39. Owner/Operator Signature The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. *This signature certifies that the signer believes that all the information submitted in the inventory is accurate and complete.*
40. Date Enter the date that the document was signed.  
(MM/DD/YYYY)

**Appendix D**  
**Instructions to Complete California Hazardous Materials**  
**Inventory Reporting Form—Chemical Description Page**

You must complete a separate Chemical Description for each hazardous material (which consists of hazardous substances and hazardous waste) that you handle at your facility in amounts equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. First determine if you meet the reporting threshold by basing inventory on aggregate amounts of hazardous materials handled at your facility. Then report the materials based on what is handled in each building or adjacent/outside area of the facility, *with separate pages for unique occurrences of physical state, storage temperature and storage pressure.*

**DATA ELEMENT BOXES****INFORMATION DESCRIPTION**

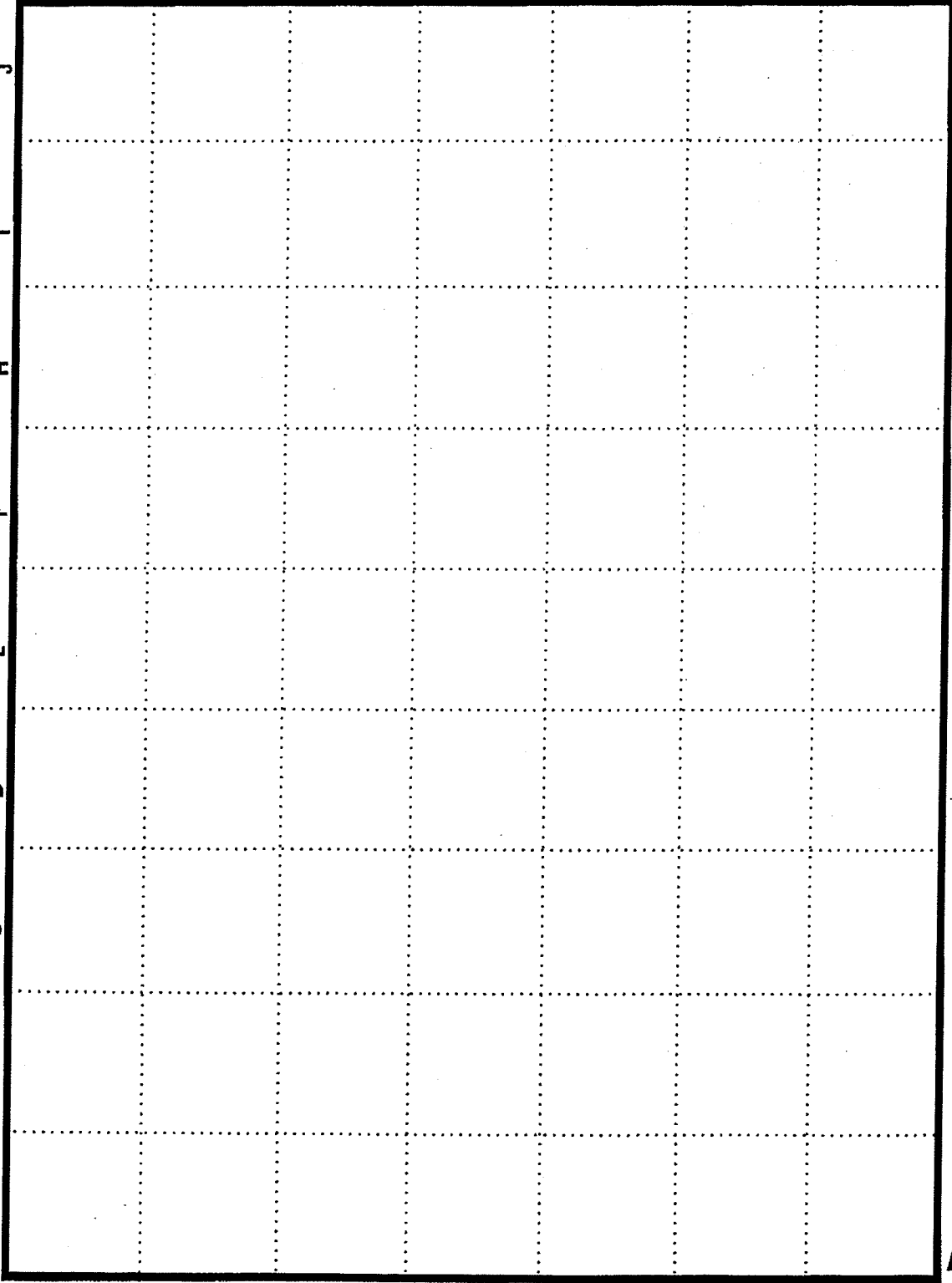
- |                               |  |
|-------------------------------|--|
| 1. Add, Delete, Revise        | Check the appropriate box to identify if the chemical is being added to the inventory, deleted from the inventory or if the information previously submitted is being revised. <b>NOTE:</b> You may choose to leave this blank if you resubmit your entire inventory annually.   |
| 2. Page Number                | The number of the page.  |
| 3. Total Pages                | The total number of pages in the inventory, including the Business Owner/Operator identification page.   |
| 4. Business Name              | Enter the full legal name of the business, as entered on the Business Owner/Operator Page.   |
| 5. Chemical Location          | Enter the building or outside/adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. <b>NOTE:</b> This information is not subject to public disclosure pursuant to Section 25506 of the Health & Safety Code.   |
| 6. Map #                      | If a map is included, enter the number of the map on which the location of the hazardous material is shown.  |
| 7. Grid #                     | <i>If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.</i>  |
| 8. Chemical Name              | Enter the proper chemical name associated to the Chemical Abstract Number (CAS) number of the hazardous material. <i>This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS).</i> <b>NOTE:</b> If the chemical is a mixture, do not complete <i>this field</i> ; complete the "common name" field instead.  |
| 9. Common Name                | Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.  |
| 10. CAS #                     | Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section below.  |
| 11. Trade Secrets             | Check "Y" for yes if the information in this section is declared a trade secret, as defined in Chapter 6.95, Section 25511, Health and Safety Code, and "N" for no if it is not. <b>NOTE:</b> If yes, disclosure of the designated Trade Secret information is bound by Health and Safety Code Section 25511.  |
| 12. EHS                       | Check "Y" for yes if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR (Code of Federal Regulations), Part 355, or "N" for no if it is not. If the material is a mixture containing as EHS, leave this section blank.   |
| 13. Fire Code<br>Hazard Class | Fire Code Hazard Classes describe to first respondents the type and level of hazardous materials which a business handles. This information shall only be provided if the local fire chief deems it necessary to comply with the 1991 Uniform Fire Code, Section 80.103, subdivision (c). A list of the various hazard classes and instructions on how to determine which class a material falls under are included in Appendix I. <i>If a material has more than one applicable hazard class, include all.</i> Contact administering agency to determine if you need to complete. |
| 14. Type of Material          | Check the one box that best describes the type of hazardous material: pure, mixture or waste. If waste material, check only that box. <b>NOTE:</b> <i>If mixture or waste, complete boxes 29 – 32.</i>   |
| 15. Radioactive               | Check "Y" for yes, if the hazardous material is radioactive, or "N" for no if it is not.   |
| 16. Curies                    | If the hazardous material is radioactive, use this area to report the activity in curies.  |
| 17. Physical State            | Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.  |

**CALIFORNIA ANNOTATED SITE MAP**

Business Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Map #: \_\_\_\_\_



- 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

- 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.



OES Form 2732 (map) (04/96)

Appendix E

1 2 3 4 5 6 7 X  
Y