

HAZARDOUS MATERIALS REGISTRATION FORM

(Individual quantities less than state Hazardous Materials Business Plan reporting requirements)
 For use by Unidocs Member Agencies in Santa Clara County and where Required by your Local Jurisdiction
 Authority Cited: California Fire Code; Local Ordinance

A. General Information

This Registration Form is to be completed and returned to the appropriate local agency if your facility has hazardous materials and none of the individual hazardous materials quantities equals or exceeds 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for gases or otherwise requires submittal of a Hazardous Materials Business Plan (HMBP). If, at any time, any of your individual hazardous materials quantities equals or exceeds the above amounts, a HMBP may be required pursuant to Chapter 6.95 of California Health and Safety Code. If you must submit a HMBP, this Registration Form is not required.

B. Facility Information

Business Name: _____ Type of Business: _____
 Site Address: _____ City: _____ Zip: _____
 Mailing/Billing Address: _____ City: _____ Zip: _____
If different from site address
 Business Owner/Contact Person: _____ Phone No.: () _____ ext. _____
 Property Owner: _____ Phone No.: () _____ ext. _____
 EPA ID Number (if applicable): _____ SIC Code: _____

C. Non-Waste Inventory Information

Complete the table below for all non-waste inventory. Use additional pages if necessary.

Hazard Class	Chemical/Common Name	Max. Qty. (at any one time)	Container Size (single largest container)	Location(s) (see section F)
		<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	
		<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	
		<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	
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		<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	

Additional Information Required on Following Page

D. Hazardous Waste Inventory Information (Hazardous Waste Generator Permit Application/Amendment)

Complete the table below for all waste inventory. Use additional pages if needed.

Hazard Class	Name of Hazardous Waste	Treatment/Disposal Method(s) (Definitions provided on bottom of page)	Max. Qty. (at any one time)	Annual Qty. Generated	Location(s) (see Section F)
		<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	
		<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	
		<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	
		<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	
		<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	
		<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	

E. Additional Disposal Information

For the following questions, check the appropriate box:

- Does this facility discharge process waste waters to sanitary sewer? Yes; No
- Does this facility generate infectious/biomedical wastes? Yes; No
- Does this facility store/handle radioactive materials? Yes; No

F. Facility Site Plan/Storage Map

Prepare and submit with this Registration Form a simple site map (see next page) which shows the following information:

- North direction
- Street(s) adjacent to facility
- Location of storm drains
- Electrical, water, and gas shutoff valves
- Basic floor plan for each building containing hazardous materials/wastes which indicates building entrance(s) and hazardous material/waste storage locations (use grid locations or assign a code - A, B, C, etc. - to clearly identify each storage location for use in the above inventories).

I declare that the above information is true and correct to the best of my knowledge. I agree to comply with all applicable regulations regarding storage, handling, and disposal of hazardous materials and hazardous or biomedical wastes.

Owner/Operator's Name (Print)

Owner/Operator's Signature

Date

Definitions of Treatment/Disposal Methods

Recycled on-site - The facility takes the waste or any constituent of the waste, treated or not, and reuses it on-site or ships it off-site as an Excluded Recyclable Material.

Treated on-site - The facility employs any method, technique, or process which changes or is designed to change the physical, chemical, or biological character or composition of the hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose including, but not limited to, energy recovery, material recovery, or reduction in volume. (e.g., pH adjustment, evaporation, precipitation, filtration, distillation, compacting, etc.) If, after treatment, the material is reused at the facility, the "Recycled on-site" box in the waste inventory table should be checked.

Shipped off-site for recycling/treatment/disposal - The facility sends the waste, or any hazardous treatment residual, to an off-site permitted treatment, storage, or disposal facility (TSDF).

Note: Depending on how a waste or its constituents are recycled and/or treated, more than one treatment/disposal category may apply. All applicable boxes in column 2 of the waste inventory table should be checked.

Facility Site Plan/Storage Map

Site Address: _____ City: _____

Date Map Drawn: _____

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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