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

Facility Information

В.

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.

Business	Name:	Type of Business:	Type of Business:									
Site Add	ress:	City:	Zip:	Zip:								
Mailing/	Billing Address: If different from site address	City:	Zip:	Zip:								
	Owner/Contact Person:) ez	ĸt.								
	Owner:			xt.								
	Number (if applicable):											
C. N	Jon-Waste Inventory Information											
	e 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	Location(s) (see section F)								
		gal.	gal.	(**************************************								
		☐ gal. ☐ lbs. ☐ cu. ft	☐ gal. ☐ lbs. ☐ cu. ft.									
		☐ gal. ☐ lbs. ☐ cu. ft	☐ gal. ☐ lbs. ☐ cu. ft.									
		☐ gal. ☐ lbs. ☐ cu. ft	gal. lbs. cu. ft.									
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		☐ gal. ☐ Ibs. ☐ cu. ft	☐ gal. ☐ lbs. ☐ cu. ft.									
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		☐ gal. ☐ lbs. ☐ cu. ft	gal. lbs. cu. ft.									
		□ gal. □ lbs. □ cu. ft	☐ gal. ☐ lbs. ☐ cu. ft.									

Owner/Operator's Name (Print)

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	Name of	Treatment/Disposal Method(s)	Max. Qty.	Annual Qty.	Location(s							
Class	Hazardous Waste	(Definitions provided on bottom of page)	(at any one time)	Generated	(see Section F							
		Recycled on-site.	☐ gal.	☐ gal.								
		Treated on-site.	☐ lbs.	☐ lbs.								
		Shipped off-site for recycling/treatment/disposal	cu. ft.	cu. ft.								
		Recycled on-site. Treated on-site.	☐ gal. ☐ lbs.	☐ gal. ☐ lbs.								
		Shipped off-site for recycling/treatment/disposal	cu. ft.	☐ cu. ft.								
		Recycled on-site.	gal.	☐ gal.								
		Treated on-site.	lbs.	☐ lbs.								
		Shipped off-site for recycling/treatment/disposal	cu. ft.	☐ cu. ft.								
		Recycled on-site. Treated on-site.	☐ gal.	☐ gal.								
		Shipped off-site for recycling/treatment/disposal	☐ lbs. ☐ cu. ft.	☐ lbs. ☐ cu. ft.								
		Recycled on-site.	gal.									
		Treated on-site.	□ lbs.	☐ lbs.								
		Shipped off-site for recycling/treatment/disposal	cu. ft.	cu. ft.								
		Recycled on-site.	☐ gal.	☐ gal.								
		Treated on-site.	☐ lbs.	☐ lbs.								
		Shipped off-site for recycling/treatment/disposal	cu. ft.	cu. ft.								
E. Additional Disposal Information												
roi tile	following questions, check the appropria	ite box.										
1. 2. 3.	Does this facility discharge process wa Does this facility generate infectious/bi Does this facility store/handle radioacti	omedical wastes?	Yes; No Yes; No Yes; No									
F. I	Facility Site Plan/Storage M	lap										
Prepare	and submit with this Registration Form	a simple site map (see next page) which	h shows the follow	wing information:								
• Ba	orth direction • Street(s) adjacent to fasic floor plan for each building containterial/waste storage locations (use gride in the above inventories).	ning hazardous materials/wastes whic	h indicates buildi	ng entrance(s) an	d hazardous							
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.												

Definitions of Treatment/Disposal Methods

Owner/Operator's Signature

Date

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:															
Da	te Ma	ap Di	rawn	:							_															
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