

Hazardous Waste Emergency Response/Contingency Plan

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Authority Cited: Title 22, California Code of Regulations (CCR) §66265.52 as referenced by §66262.34(a)(4) or 67450.3(c)(9)(C)

~~All facilities which handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities that which generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a Contingency Plan. Facilities that generate in any month more than 1 kilogram of acutely hazardous waste (AHW), or more than 100 kilograms of debris resulting from the spill of an AHW, or which treat hazardous waste onsite under the Permit by Rule (PBR) onsite treatment tier must also prepare a Contingency Plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. Many facilities that are required to prepare a Contingency Plan are already subject to Hazardous Materials Business Plan (HMBP) reporting requirements due to the quantities of hazardous materials/wastes they have onsite. If you have already prepared a Unidocs HMBP, or already have a plan which is equivalent in content to the Emergency Response/Contingency Plan module of the Unidocs HMBP meets these requirements, you have satisfied the Contingency Plan requirements, and are not required to complete the blank plan, below.~~

This site-specific ~~Emergency Response/Contingency Plan~~ is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is an imminent or actual fire, explosion, or release of hazardous waste or a hazardous waste constituent materials which could threaten human health and/or the environment. **At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** ~~Within Santa Clara County, hospitals and police agencies have delegated receipt of these plans to the local agencies administering Hazardous Materials Business Plans, so additional copies need not be submitted. However, a~~ A copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made (*see Section E, below*).

~~All pages in this plan must be numbered and, unless noted otherwise, completed in their entirety.~~

A. Facility Information:

BUSINESS NAME		BUSINESS PHONE ()	
SITE ADDRESS	CITY	ZIP CODE	

B. Emergency Coordinators:

All personnel qualified to act as the facility's Emergency Coordinator must be listed in this plan. (*Note: Emergency Coordinator responsibilities are described in Section F, below.*) If more than two people are qualified, list the names, titles, business and 24-hour telephone numbers, and pager numbers of the additional qualified individuals on an attached page in the order in which they will assume responsibility as alternates, then check the box beneath the Emergency Coordinator information table, below, and indicate the list's page number in the space provided.

Primary Emergency Coordinator	Secondary Emergency Coordinator
NAME	NAME
TITLE	TITLE
BUSINESS PHONE ()	BUSINESS PHONE ()
24-HOUR PHONE ()	24-HOUR PHONE ()
PAGER # ()	PAGER # ()

(Check box only if applicable) Additional Emergency Coordinators are listed on page _____ of this plan.

C. Evacuation Plan:

1. The following alarm signal(s) will be used to begin evacuation of the facility (check all that apply):

Bells; Horns/Sirens; Verbal (i.e., shouting); Other (specify _____)

2. Evacuation map is prominently displayed throughout the facility.

Note: A blank facility Evacuation Map sheet has been provided at the end of this plan. ~~on the reverse side of this page.~~ This drawing (or any other drawing which shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

D. Emergency and Post-Incident Contacts:

1. Emergency Contacts:

Fire/Police/Ambulance _____ Phone No.: **911**

State Office of Emergency Services _____ Phone No.: **(800) 852-7550**

2. Post-Incident Contacts:*

Certified Unified Program Agency (CUPA) _____ Phone No.: () _____

Fire Department Hazardous Materials Program _____ Phone No.: () _____

California ~~EPA~~ Department of Toxic Substances Control (**DTSC**) _____ Phone No.: () _____

Cal-OSHA Division of Occupational Safety and Health _____ Phone No.: () _____

Air Quality Management District _____ Phone No.: () _____

Regional Water Quality Control Board _____ Phone No.: () _____

* Phone numbers for agencies in Unidocs' Member Agency geographic jurisdictions are available at www.unidocs.org.

3. Emergency Resources:

Poison Control Center* _____ Phone No.: **(800) 876-4766**

Nearest Hospital: Name: _____ Phone No.: () _____

Address: _____ City: _____

If you have made special (i.e., contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:

F. Emergency Procedures:

Emergency Coordinator Responsibilities:

1. Whenever there is an imminent or actual emergency situation such as a explosion, fire, or release, the emergency coordinator (*or his/her designee when the emergency coordinator is on call*) shall:
 - a. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
 - b. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (*e.g. the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.*).
 - c. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
 - d. Notify appropriate local authorities (*i.e. call 911*).
 - e. Notify the State Office of Emergency Services at 1-800-852-7550.
 - f. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
 - g. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
2. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
 - a. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from a explosion, fire, or release at the facility.
 - b. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
 - c. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
 - d. Notify the California ~~Environmental Protection Agency's~~ Department of Toxic Substances Control (DTSC), the ~~local Certified Unified Program Agency (CUPA)-County of Santa Clara's Hazardous Materials Compliance Division~~, and the local fire department's hazardous materials program that the facility is in compliance with requirements 2-a and 2-b, above.

Responsibilities of Other Personnel:

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section, above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

G. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident which triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Environmental Protection Agency's Department of Toxic Substances Control, the ~~local Certified Unified Program Agency (CUPA)-County of Santa Clara's Hazardous Materials Compliance Division~~, and the local fire department's hazardous materials program. The report shall include:

1. Name, address, and telephone number of the facility's owner/operator;
2. Name, address, and telephone number of the facility;
3. Date, time, and type of incident (*e.g. fire, explosion, etc.*);
4. Name and quantity of material(s) involved;
5. The extent of injuries, if any;
6. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
7. Estimated quantity and disposition of recovered material that resulted from the incident;
8. Cause(es) of the incident;
9. Actions taken in response to the incident;
10. Administrative or engineering controls designed to prevent such incidents in the future.

H. Emergency Equipment:

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(4)(3) or 67450.3(c)(9)(C)] ~~and the Hazardous Materials Storage Ordinance~~ requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Location *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment (<i>describe</i>)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits (<i>describe</i>)		
	<input type="checkbox"/> Face Shields		
	<input type="checkbox"/> First Aid Kits/Stations (<i>describe</i>)		
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits (<i>i.e., bottle type</i>)		
	<input type="checkbox"/> Respirator Cartridges (<i>describe</i>)		
	<input type="checkbox"/> Safety Glasses/Splash Goggles		
	<input type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
<input type="checkbox"/> Other (<i>describe</i>)			
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input type="checkbox"/> Fire Extinguisher Systems (<i>describe</i>)		
	<input type="checkbox"/> Fire Extinguishers (<i>describe</i>)		
Spill Control Equipment and Decontamination Equipment	<input type="checkbox"/> Other (<i>describe</i>)		
	<input type="checkbox"/> Absorbents (<i>describe</i>)		
	<input type="checkbox"/> Berms/Dikes (<i>describe</i>)		
	<input type="checkbox"/> Decontamination Equipment (<i>describe</i>)		
	<input type="checkbox"/> Emergency Tanks (<i>describe</i>)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (<i>describe</i>)		
	<input type="checkbox"/> Neutralizers (<i>describe</i>)		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (<i>describe</i>)		
Communications and Alarm Systems	<input type="checkbox"/> Other (<i>describe</i>)		
	<input type="checkbox"/> Chemical Alarms (<i>describe</i>)		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input type="checkbox"/> Telephones		
	<input type="checkbox"/> Tank Leak Detection Systems		
Additional Equipment (Use Additional Pages if Needed.)	<input type="checkbox"/> Other (<i>describe</i>)		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

* If appropriate, use the location code(s) from your ~~Hazardous Materials Business Plan~~ or Hazardous Materials/Waste Registration Form.

** Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

I. Training:

Check all boxes which apply. [Note: Items marked with an asterisk (*) are required.]:

1. **Personnel** are trained in the following procedures:

<input type="checkbox"/>	Internal alarm/notification *	
<input type="checkbox"/>	Evacuation/re-entry procedures & assembly point locations*	
<input type="checkbox"/>	Emergency incident reporting	
<input type="checkbox"/>	External emergency response organization notification	
<input type="checkbox"/>	Location(s) and contents of Emergency Response/Contingency Plan	
<input type="checkbox"/>	Facility evacuation drills, which are conducted at least (<i>specify</i>)	(e.g. "Quarterly", etc.)

2. **Chemical Handlers** are additionally trained in the following:

<input type="checkbox"/>	Safe methods for handling and storage of hazardous materials *
<input type="checkbox"/>	Location(s) and proper use of fire and spill control equipment
<input type="checkbox"/>	Spill procedures/emergency procedures
<input type="checkbox"/>	Proper use of personal protective equipment *
<input type="checkbox"/>	Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (<i>i.e. inhalation, ingestion, absorption</i>) *
<input type="checkbox"/>	Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (<i>e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.</i>) *

3. **Emergency Response Team Members** are capable of and engaged in the following:

<input type="checkbox"/>	Personnel rescue procedures	
<input type="checkbox"/>	Shutdown of operations	
<input type="checkbox"/>	Liaison with responding agencies	
<input type="checkbox"/>	Use, maintenance, and replacement of emergency response equipment	
<input type="checkbox"/>	Refresher training, which is provided at least annually *	
<input type="checkbox"/>	Emergency response drills, which are conducted at least (<i>specify</i>)	(e.g. "Quarterly", etc.)

J. Recordkeeping:

1. Check all boxes which apply. The following records are maintained at the facility. [Note: Items marked with an asterisk (*) are required.]:

<input type="checkbox"/>	Current employees' training records (<i>to be retained until closure of the facility</i>) *
<input type="checkbox"/>	Former employees' training records (<i>to be retained at least three years after termination of employment</i>) *
<input type="checkbox"/>	Training Program(s) (<i>i.e. written description of introductory and continuing training</i>) *
<input type="checkbox"/>	Current copy of this Emergency Response/Contingency Plan *
<input type="checkbox"/>	Record of recordable/reportable hazardous material/waste releases *
<input type="checkbox"/>	Record of hazardous material/waste storage area inspections *
<input type="checkbox"/>	Record of hazardous waste tank daily inspections *
<input type="checkbox"/>	Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

K. Amendment of Contingency Plan:

This plan must be reviewed, and immediately amended, if necessary, whenever:

- a. Applicable regulations are revised
- b. The plan fails in an emergency
- c. The facility changes its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency.
- d. The list of emergency coordinators changes.
- e. The list of emergency equipment changes.

FACILITY EVACUATION MAP

Site Address: _____

Note: This map must show primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas

