

SAMPLE

UNIFIED PROGRAM (UP) FORMS



This sample consolidated Contingency Plan and Inventory is provided to assist small businesses in accurately completing the Unified Program Forms. The consolidated Contingency Plan and Inventory form (OES 2731) should be completed to reflect your particular business operation. The suggested answers in this sample document are provided for reference only.

SAMPLE

UNIFIED PROGRAM (UP) FORM BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #		EPA ID # (Hazardous Waste Only)	2
Official use		CAL 00000000	

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)	3
My company	

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page.**

Does your facility...	If Yes, please complete these pages of the UP FORM....
-----------------------	--

A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	4 HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION 4 CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) 4 TRAINING PLAN
--	---	--

B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	4 UST FACILITY 4 UST TANK (one page per tank) 4 UST FACILITY 4 UST TANK (one per tank) 4 UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) 4 UST TANK (closure portion –one page per tank)
--	---	--

C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAs
---	---	---------------------------

D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	4 EPA ID NUMBER – provide at the top of this page. 4 As a generator, answer YES to Item E2b and complete Waste Generator Form. 4 RECYCLABLE MATERIALS REPORT 4 ONSITE HAZARDOUS WASTE TREATMENT – FACILITY 4 ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) 4 CERTIFICATION OF FINANCIAL ASSURANCE 4 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION 4 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
---	---	---

E. LOCAL REQUIREMENTS 15

1. REGULATED SUBSTANCES		
Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP) ?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15a	In addition to Hazardous Materials requirements, complete: 4 Regulated Substance Registration 4 Risk Management Plan (when required)

2. OTHER REQUIREMENTS		
a. Have hazardous materials stored on site at or above a threshold amount established by a CUPA's or PA's local ordinance?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15b	4 Consult local CUPA or PA for added reporting requirements.
b. Required by a CUPA or PA to provide other information?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15c	4 Waste Generator Form (LA County)

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	AST	UST	TP	CUPA	PA
--------------------------	---------	----	----	-----	-----	-----	----	------	----

SAMPLE

UNIFIED PROGRAM (UP) FORM BUSINESS OWNER/OPERATOR IDENTIFICATION (Form 2730)

NEW BUSINESS OUT OF BUSINESS REVISE/UPDATE (EFFECTIVE / /) PAGE OF

I. IDENTIFICATION

FACILITY ID# Official use only											1	BEGINNING DATE 2003/01/01	100	ENDING DATE 2003/12/31	101	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)												3	BUSINESS PHONE (000) 000-0000			102
BUSINESS SITE ADDRESS 123 Any Street																103
CITY Any Town										104	CA	ZIP CODE 90000		105		
DUN & BRADSTREET										106	SIC CODE (4 digit #) 0000		107			
COUNTY LOS ANGELES										108	UNINCORPORATED <input type="checkbox"/> Yes <input type="checkbox"/> No		133a.			
BUSINESS OPERATOR NAME John Smith												109	BUSINESS OPERATOR PHONE (111) 111-1111			110

II. BUSINESS OWNER

OWNER NAME John Smith	111	OWNER PHONE (111) 111-1111	112			
OWNER MAILING ADDRESS 456 Other Street				113		
CITY Any Town		114	STATE CA	115	ZIP CODE 90000	116

III. ENVIRONMENTAL CONTACT

CONTACT NAME S.A.A.	117	CONTACT PHONE S.A.A.	118			
CONTACT MAILING ADDRESS S.A.A.				119		
CITY S.A.A.		120	STATE CA	121	ZIP CODE S.A.A.	122

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME John Smith	123	NAME Jane Smith	128
TITLE Owner and Operator	124	TITLE Manager	129
BUSINESS PHONE (000) 000-0000	125	BUSINESS PHONE (000) 000-0000	130
24-HOUR PHONE (111) 111-1111	126	24-HOUR PHONE (333) 333-3333	131
PAGER # (222) 222-2222	127	PAGER # (444) 444-4444	132

V. ADDITIONAL LOCALLY COLLECTED INFORMATION

NUMBER OF EMPLOYEES # of employees here	133b	FEDERAL TAX IDENTIFICATION NUMBER Federal Tax ID here	133c
--	------	---	------

MAILING/ BILLING INFORMATION

ADDRESS 123 Any Street	133d	CITY Any Town	133e	STATE CA	133f	ZIP CODE 90000	133g
----------------------------------	------	-------------------------	------	--------------------	------	--------------------------	------

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE Signature Here	DATE 2003/01/01	NAME OF DOCUMENT PREPARER John Smith	134	135
NAME OF SIGNER (print) John Smith	136	TITLE OF SIGNER Owner and Operator	137	

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	AST	UST	TP	CUPA	PA
INSPECTOR	DISTRICT		DATE OF INSPECTION		DIVISION		BATTALION		STATION

SAMPLE

Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

FACILITY IDENTIFICATION			
BUSINESS NAME		3	FACILITY ID # 1
My Company			Official use
SITE ADDRESS	103	CITY	104
123 Any Street		Any Town	ZIP CODE 105
			90000

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- ⊞ Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- ⊞ Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- ⊞ Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and 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. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

A copy of the Contingency Plan is kept on file in the company office.

PLAN CERTIFICATION

I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.

Printed Name of Owner/ Operator	Title of Owner/Operator
John Smith	Owner and Operator
Signature of Owner/ Operator	Date
Signature here	2003/01/01

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ONLY			DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	

SAMPLE

Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION						
BUSINESS NAME			3	FACILITY ID # 1		
My Company				Official use		
SITE ADDRESS		103	CITY	104	ZIP CODE 105	
123 Any Street			Any Town		90000	
II. EMERGENCY CONTACTS						
PRIMARY			SECONDARY			
NAME	123	NAME	128			
John Smith		Jane Smith				
TITLE	124	TITLE	129			
Owner and Operator		Manager				
BUSINESS PHONE	125	BUSINESS PHONE	130			
(000) 000-0000		(000) 000-0000				
24-HOUR PHONE	126	24-HOUR PHONE	131			
(111) 111-1111		(333) 333-3333				
PAGER #	127	PAGER #	132			
(222) 222-2222		(444) 444-4444				
III. EMERGENCY RESPONSE PLANS AND PROCEDURES						
A. Notifications						
Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call: FIRE/PARAMEDICS/POLICE/SHERIFF PHONE: 911						
AFTER the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services. LA. Co. Fire Dept. H.H.M.D. (323) 890-4317 State Office of Emergency Service: (800) 852-7550 or (916) 262-1621 National Response Center: (800) 424-8802						
Information to be provided during Notification:						
⊗ Your Name and the Telephone Number from where you are calling.						
⊗ Exact address of the release or threatened release.						
⊗ Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)						
⊗ Material and quantity of the release, to the extent known.						
⊗ Current condition of the facility.						
⊗ Extent of injuries, if any.						
⊗ Possible hazards to public health and/ or the environment outside of the facility.						
B. Emergency Medical Facility						
List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material						
HOSPITAL/CLINIC:			PHONE NO:			
XYZ Medical Center			(911) 911-9111			
ADDRESS:						
911 Code Blue Street						
CITY:			ZIP CODE:			
Healthy Town			90000			
OFFICIAL USE ONLY			DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

SAMPLE
Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C. Private Emergency Response	
DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.	
CLEANUP/DISPOSAL CONTRACTOR	
List the contractor that will provide cleanup services in the event of a release.	
NAME OF CONTRACTOR: Cleanup Incorporated	PHONE NO: (777) 777-7777
ADDRESS: 555 Any Street.	
CITY: Any Town	ZIP CODE: 90000
D. Arrangements With Emergency Responders	
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 on the lines below: My company has made arrangements with our medical provider, XYZ Medical Center to provide medical Care in the event of emergencies.	
E. Evacuation Plan	
1. The following alarm signal(s) will be used to begin evacuation of the facility (<i>check all which apply</i>): <input checked="" type="checkbox"/> Verbal <input checked="" type="checkbox"/> Telephone (<i>including cellular</i>) <input checked="" type="checkbox"/> Alarm System <input type="checkbox"/> Public Address System <input checked="" type="checkbox"/> Intercom <input type="checkbox"/> Pagers <input type="checkbox"/> Portable Radio <input checked="" type="checkbox"/> Other (<i>specify</i>): Two-way radios.	
2. <input checked="" type="checkbox"/> Evacuation map is prominently displayed throughout the facility.	
3. <input checked="" type="checkbox"/> Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated: Individual responsible for coordinating the evacuation will meet and wait outside on the parking lot area for roll call.	
F. Earthquake Vulnerability	
Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.	
<input checked="" type="checkbox"/> Hazardous Waste/ Hazardous Materials Storage Areas <input type="checkbox"/> Bench/ Lab	<input checked="" type="checkbox"/> Production Floor <input type="checkbox"/> Process Lines <input type="checkbox"/> Waste Treatment <input type="checkbox"/> Other:
Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.	
<input type="checkbox"/> Utilities <input type="checkbox"/> Racks <input type="checkbox"/> Process Piping	<input type="checkbox"/> Sprinkler Systems <input type="checkbox"/> Cabinets <input type="checkbox"/> Shelves <input type="checkbox"/> Pressure Vessels <input checked="" type="checkbox"/> Gas Cylinders <input type="checkbox"/> Tanks <input type="checkbox"/> Shutoff Valves <input type="checkbox"/> Other:

SAMPLE
Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

G. Emergency Procedures
Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:
1. PREVENTION (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.
The kinds of hazards associated with the hazardous materials in my facility are spills and leaks. Containers of hazardous materials and hazardous wastes are stored with secondary containment. Containers are stored away from drains, in leak-proof containers with tight fitting lids, and held until lawfully discarded.
Incompatible materials and wastes are stored separately.
Employees are trained on business plan measures, and are trained to handle materials using personal protective equipment such as gloves and safety glasses.
2. MITIGATION (reduce the hazard) – Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?
Small spills are spills of minimal quantities that are contained and mitigated onsite by business employees.
The response to small spills is the following: Evacuate any unnecessary employees from the area of the spill.
Using absorbent materials, make sure that spilled material is contained and prevented from contaminating the ground, soil, water, or discharge off the property.
Large spills are spills of larger quantities that the business is unable to safely contain and mitigate without assistance and involve quantities of spilled materials that require reporting to the Fire Department. The response to large spills is the following: Immediately notify employees to evacuate and call 911.
3. ABATEMENT (remove the hazard) – Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?
The response to a limited spill is the following: Employees involved in the clean up of a spill will wear protective rubber gloves, safety glasses and additional protective clothing. Absorbed material will be placed in a leak-proof container that is compatible with the waste. The container will have a tight-fitting lid and be properly labeled as hazardous waste. The waste will be lawfully disposed as hazardous waste.
Necessary notifications shall be made to the Health Hazardous Materials Division of the Los Angeles County Fire Department and to the State Office of Emergency Services (OES).

SAMPLE

Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] 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 (describe)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input checked="" type="checkbox"/> Chemical Protective Gloves	8-E	Rubber gloves
	<input type="checkbox"/> Chemical Protective Suits (describe)		
	<input type="checkbox"/> Face Shields		
	<input checked="" type="checkbox"/> First Aid Kits/Stations (describe)	7-C / 8-H	Two first aid kits available
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input checked="" type="checkbox"/> Portable Eye Wash Kits (i.e. bottle type)	8-C	Bottle type affixed to wall.
	<input type="checkbox"/> Respirator Cartridges (describe)		
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles	8-E	Safety glasses for employees
<input type="checkbox"/> Safety Showers			
<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)			
	<input checked="" type="checkbox"/> Other (describe)		Steel toe shoes
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sptinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input checked="" type="checkbox"/> Fire Extinguisher Systems (describe)	3E4C4H7C7G	Five fire extinguishers on site
	<input type="checkbox"/> Other (describe)		
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (describe)	4-F	25 Pound absorbent bags
	<input type="checkbox"/> Berms/Dikes (describe)		
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Emergency Tanks (describe)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinders Leak Repair Kits (describe)		
	<input checked="" type="checkbox"/> Neutralizers (describe)	4-F	Baking soda available for acid.
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (describe)		
	<input checked="" type="checkbox"/> Other (describe)	3-G	Three stage clarifier collects run-off
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (describe)		
	<input checked="" type="checkbox"/> Intercoms/ PA Systems	10-E	Public announcement installed
	<input checked="" type="checkbox"/> Portable Radios	10-E	Two-way radios
	<input checked="" type="checkbox"/> Telephones	4-H	Telephones and cellular phones
	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
	<input type="checkbox"/> Other (describe)		
Additional Equipment (Use Additional Pages if Needed.)			

* Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.

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

SAMPLE

Unified Program (UP) Form

CONSOLIDATED CONTINGENCY PLAN

SITE MAP

A site plan and storage map must be included with your Contingency Plan. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Map has been provided on the reverse side of this page. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

1. **Site Plan:** This drawing shall contain, at a minimum, the following information:

- a. Site Orientation (north, south, etc.);
- b. Approximate scale (*e.g.* "1 inch = 10 feet");
- c. Date the map was drawn;
- d. Locations of all buildings and other structures;
- e. Parking lots and internal roads;
- f. Hazardous materials loading/unloading areas;
- g. Outside hazardous materials storage or use areas;
- h. Storm drain and sanitary sewer drain inlets;
- i. Wells for monitoring of underground tank systems;
- j. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
- k. Adjacent property use;
- l. Locations and names of adjacent streets and alleys;
- m. Access and egress points and roads.

2. **Storage Map(s):** The map(s) shall contain, at a minimum, the following information:

- a. General purpose of each section/area within each building (*e.g.* "Office Area", "Manufacturing Area", etc.);
- b. Location of each hazardous material/waste storage, dispensing, use, or handling area (*e.g.* individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.). Each area shall be identified by a unique location code number, letter, or name (*e.g.* "1", "2", "3", "A", "B", "C", etc.);
- c. Entrances to and exits from each building and hazardous material/waste room/area;
- d. Location of each utility emergency shut-off point (*i.e.* gas, water, electric.);
- e. Location of each monitoring system control panel (*e.g.* underground tank monitoring, toxic gas monitoring, etc.).

3. **Map Legend**

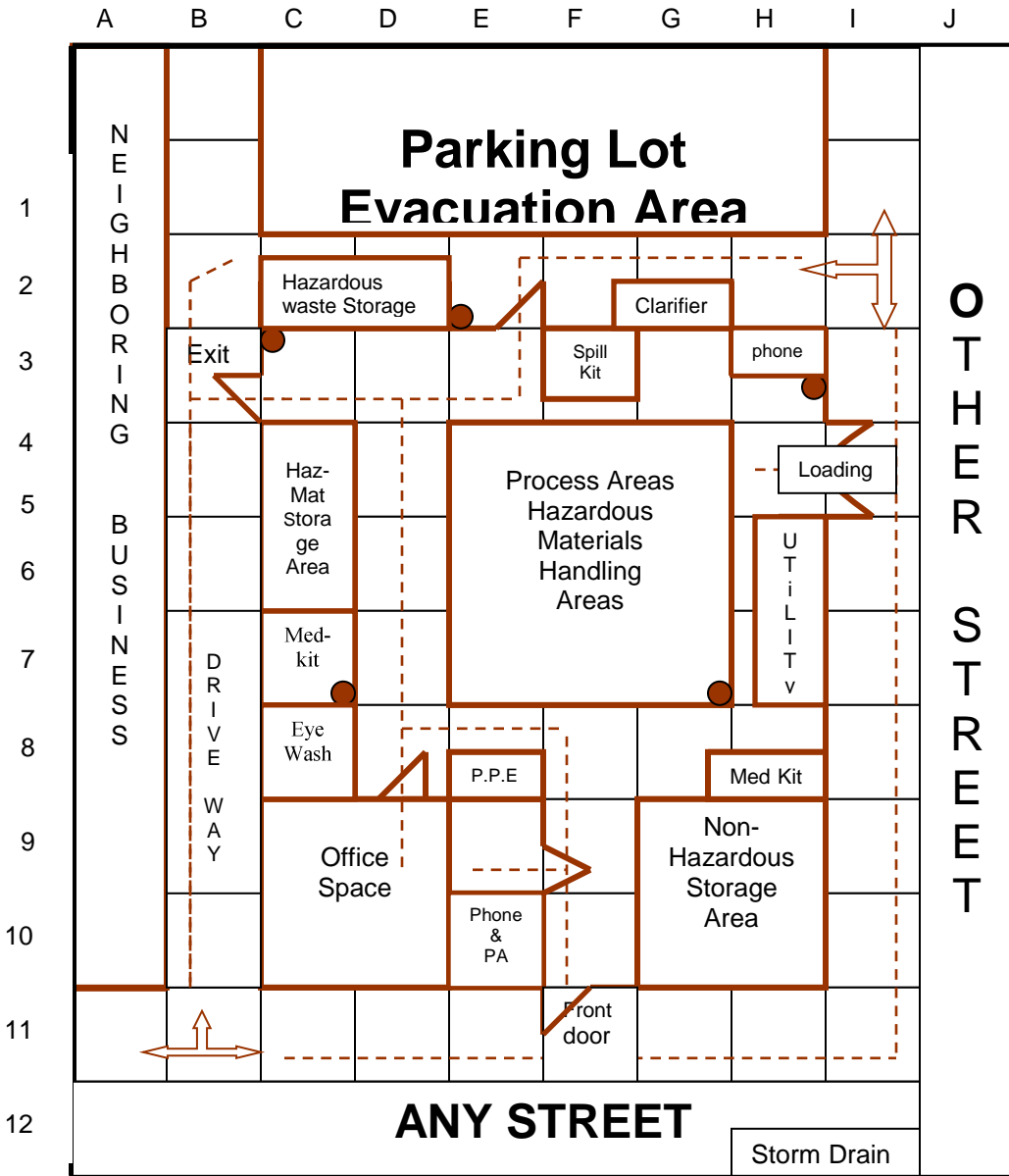
Item and/or Description	Location Code (LC)
Hazardous materials storage areas.	5-C and 6-C
Hazardous waste storage areas.	3-C and 3-D
Hazardous materials handling areas.	5-EFG, 6-EFG, and 7-EFG
Fire extinguishers.	3-E, 4-C, 4-H, 7-C and 7-G
Spill kit.	4-F
Clarifier.	3-G
Communication equipment.	10-E and 4-H
P.P.E.	8-E
Eye wash.	8-C
Emergency exits.	4-B and 3-F
Loading area.	5-I
Parking lot / Evacuation area.	1-CDEFGH and 2-CDEFGH
First Aid kit.	7-C and 8-H

SAMPLE

Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SITE MAP

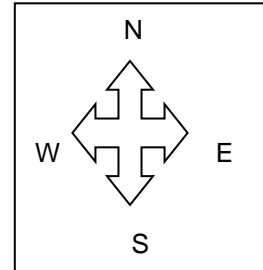
BUSINESS NAME My Company			
SITE ADDRESS 123 Any Street	103	CITY 104 Any Town	ZIP CODE 105 90000
DATE MAP DRAWN 07-01-00	MAP # 1	FACILITY ID # I. Official use only	106



- 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
 - Primary and Alternate Evacuation

● Fire Extinguisher

Scale:
1" = 10 Ft.



OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

SAMPLE

UNIFIED PROGRAM (UP) FORM HAZARDOUS WASTE GENERATOR

PAGE OF

BUSINESS NAME: My Company			3
FACILITY ID # Official Use Only	NO. OF EMPLOYEES: # here.	EPA ID # CAL 00000000	2

I. TYPE OF GENERATOR

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY (Check no more than one box per column)

	RCRA GENERATOR (FEDERAL WASTE)	NON-RCRA GENERATOR (CALIFORNIA WASTE ONLY)
LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>
SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (< 100 KG HAZARDOUS WASTE PER MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

II. WASTE STREAM IDENTIFICATION

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION.

PROCESS	WASTE DESCRIPTION	WASTE ID	AMOUNT PER YEAR	STORAGE METHOD	DISPOSAL METHOD
Oil change	Waste oil	221	1000	A	D
Radiator flush	Waste coolant	132	110	A	D
Aqueous cleaning	Aqueous washer solution	134	40	A	D

I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR NAME John Smith	H	OWNER/OPERATOR TITLE Owner and Operator	I
OWNER/OPERATOR SIGNATURE Signature here		DATE 2003/01/01	J

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT
		INSPECTOR

SAMPLE

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD DELETE REVISE REPORTING YEAR **2003** 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)										3	
My Company											
CHEMICAL LOCATION					201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)					202
West interior wall of property						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
FACILITY ID #						MAP# (optional)	203	GRID# (optional)	204		
						1		5-C and 6-C			

II. CHEMICAL INFORMATION

CHEMICAL NAME					205	TRADE SECRET					206		
Petroleum Lubricating Oil						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
						<small>If Subject to EPCRA, refer to instructions</small>							
COMMON NAME					207	EHS*					208		
Motor Oil 10W-40						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
CAS#					209	*If EHS is "Yes", all amounts below must be in lbs.							
N/A													
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-1, F-1, R-0											210		
HAZARDOUS MATERIAL TYPE (Check one item only)					211	RADIOACTIVE			212	CURIES		213	
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				N/A			
PHYSICAL STATE (Check one item only)					214	LARGEST CONTAINER					215		
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS						55							
FED HAZARD CATEGORIES (Check all that apply)											216		
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH													
AVERAGE DAILY AMOUNT			217	MAXIMUM DAILY AMOUNT			218	ANNUAL WASTE AMOUNT			219	STATE WASTE CODE	220
55				110				N/A				N/A	
UNITS* (Check one item only)					221	DAYS ON SITE:					222		
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS						365							
STORAGE CONTAINER											223		
<input type="checkbox"/> a. ABOVE GROUND TANK		<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM		<input type="checkbox"/> i. FIBER DRUM		<input type="checkbox"/> m. GLASS BOTTLE		<input type="checkbox"/> q. RAIL CAR					
<input type="checkbox"/> b. UNDERGROUND TANK		<input type="checkbox"/> f. CAN		<input type="checkbox"/> j. BAG		<input type="checkbox"/> n. PLASTIC BOTTLE		<input type="checkbox"/> r. OTHER					
<input type="checkbox"/> c. TANK INSIDE BUILDING		<input type="checkbox"/> g. CARBOY		<input type="checkbox"/> k. BOX		<input type="checkbox"/> o. TOTE BIN							
<input checked="" type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> h. SILO		<input type="checkbox"/> l. CYLINDER		<input type="checkbox"/> p. TANK WAGON							
STORAGE PRESSURE											224		
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT													
STORAGE TEMPERATURE											225		
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC													

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION	246
--	-----

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY				DATE RECEIVED				REVIEWED BY			
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA					

SAMPLE

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD DELETE REVISE REPORTING YEAR **2003** 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3											
My Company											
CHEMICAL LOCATION 201								CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202			
West interior area of property								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FACILITY ID #					MAP# (optional) 203			GRID# (optional) 204			
					1			3-C and 3-D			

II. CHEMICAL INFORMATION

CHEMICAL NAME 205						TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206								
If Subject to EPCRA, refer to instructions														
COMMON NAME Used oil 207						EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208								
CAS# 209						*If EHS is "Yes", all amounts below must be in lbs.								
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210														
HAZARDOUS MATERIAL TYPE (Check one item only) 211					RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES N/A 213						
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE														
PHYSICAL STATE (Check one item only) 214					LARGEST CONTAINER 55 215									
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS														
FED HAZARD CATEGORIES (Check all that apply) 216														
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH														
AVERAGE DAILY AMOUNT 217			MAXIMUM DAILY AMOUNT 218			ANNUAL WASTE AMOUNT 219			STATE WASTE CODE 220					
25			110			1000			221					
UNITS* (Check one item only) 221								DAYS ON SITE: 222						
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS								365						
* If EHS, amount must be in pounds.														
STORAGE CONTAINER 223														
<input type="checkbox"/> a. ABOVE GROUND TANK			<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM			<input type="checkbox"/> i. FIBER DRUM			<input type="checkbox"/> m. GLASS BOTTLE			<input type="checkbox"/> q. RAIL CAR		
<input type="checkbox"/> b. UNDERGROUND TANK			<input type="checkbox"/> f. CAN			<input type="checkbox"/> j. BAG			<input type="checkbox"/> n. PLASTIC BOTTLE			<input type="checkbox"/> r. OTHER		
<input type="checkbox"/> c. TANK INSIDE BUILDING			<input type="checkbox"/> g. CARBOY			<input type="checkbox"/> k. BOX			<input type="checkbox"/> o. TOTE BIN					
<input checked="" type="checkbox"/> d. STEEL DRUM			<input type="checkbox"/> h. SILO			<input type="checkbox"/> l. CYLINDER			<input type="checkbox"/> p. TANK WAGON					
STORAGE PRESSURE 224														
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT														
STORAGE TEMPERATURE 225														
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC														

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	100 %	Used Petroleum Oil	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY				DATE RECEIVED				REVIEWED BY			
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA					

SAMPLE

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD DELETE REVISE REPORTING YEAR **2003** 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3											
My Company											
CHEMICAL LOCATION 201								CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202			
North exterior wall of property								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FACILITY ID #				MAP# (optional) 203				GRID# (optional) 204			
				1				3-D			

II. CHEMICAL INFORMATION

CHEMICAL NAME 205						TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206					
						<small>If Subject to EPCRA, refer to instructions</small>					
COMMON NAME Waste Coolant 207						EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208					
CAS# 107-21-1 209						*If EHS is "Yes", all amounts below must be in lbs.					
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210											
HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE 211					RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES N/A 213			
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 214					LARGEST CONTAINER 55 215						
FED HAZARD CATEGORIES (Check all that apply) <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH 216											
AVERAGE DAILY AMOUNT 217			MAXIMUM DAILY AMOUNT 218			ANNUAL WASTE AMOUNT 219			STATE WASTE CODE 220		
40			55			110			132		
UNITS* (Check one item only) <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS 221								DAYS ON SITE: 365 222			
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON 223											
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224											
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225											

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	50%	Ethylene Glycol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	107-21-1
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY				DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA			

SAMPLE

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD DELETE REVISE REPORTING YEAR **2003** 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) My Company 3											
CHEMICAL LOCATION Materials handling area 201						CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 202					
FACILITY ID #				MAP# (optional) 1 203				GRID# (optional) 5-E 204			

II. CHEMICAL INFORMATION

CHEMICAL NAME Acetylene 205						TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>									
COMMON NAME Welding gas 207						EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208									
CAS# 74-86-2 209						*If EHS is "Yes", all amounts below must be in lbs.									
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-4, F-4, R-2 210															
HAZARDOUS MATERIAL TYPE (Check one item only) <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE 211						RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES N/A 213						
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS 214						LARGEST CONTAINER 382 215									
FED HAZARD CATEGORIES (Check all that apply) <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH 216															
AVERAGE DAILY AMOUNT 382 217				MAXIMUM DAILY AMOUNT 382 218				ANNUAL WASTE AMOUNT N/A 219				STATE WASTE CODE N/A 220			
UNITS* (Check one item only) <input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS 221 <small>* If EHS, amount must be in pounds.</small>										DAYS ON SITE: 365 222					
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> f. CAN <input type="checkbox"/> g. CARBOY <input type="checkbox"/> h. SILO <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> j. BAG <input type="checkbox"/> k. BOX <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> p. TANK WAGON <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> r. OTHER 223															
STORAGE PRESSURE <input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224															
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225															
%WT		HAZARDOUS COMPONENT (For mixture or waste only)				EHS		CAS #							
1 226						<input type="checkbox"/> Yes <input type="checkbox"/> No 228									
2 230						<input type="checkbox"/> Yes <input type="checkbox"/> No 232									
3 234						<input type="checkbox"/> Yes <input type="checkbox"/> No 236									
4 238						<input type="checkbox"/> Yes <input type="checkbox"/> No 240									
5 242						<input type="checkbox"/> Yes <input type="checkbox"/> No 244									

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

SAMPLE

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD
 DELETE
 REVISE
 REPORTING YEAR **2003**
 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)			3
My Company			
CHEMICAL LOCATION		201	202
West interior wall of property		CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FACILITY ID #	MAP# (optional)	203	204
	1	GRID# (optional) 6-C	

II. CHEMICAL INFORMATION

CHEMICAL NAME		205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		206
Perchloroethylene		If Subject to EPCRA, refer to instructions			
COMMON NAME		207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		208
PERC					
CAS#		209	*If EHS is "Yes", all amounts below must be in lbs.		
127-18-4					
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-4, F-0, R-4 210					
HAZARDOUS MATERIAL TYPE (Check one item only)			211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE			CURIES N/A 213		
PHYSICAL STATE (Check one item only)			214	LARGEST CONTAINER 80 215	
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS					
FED HAZARD CATEGORIES (Check all that apply) 216					
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH					
AVERAGE DAILY AMOUNT		217	MAXIMUM DAILY AMOUNT		218
45		80		ANNUAL WASTE AMOUNT N/A 219	
				STATE WASTE CODE N/A 220	
UNITS* (Check one item only)				221	222
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS				DAYS ON SITE: 365	
STORAGE CONTAINER 223					
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input checked="" type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON					
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224					
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225					

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
 (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

SAMPLE

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD DELETE REVISE REPORTING YEAR **2003** 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3											
My Company											
CHEMICAL LOCATION 201						CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202					
Materials handling area						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
FACILITY ID #				MAP# (optional) 203				GRID# (optional) 204			
				1				4-E			

II. CHEMICAL INFORMATION

CHEMICAL NAME 205						TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206									
Propane						If Subject to EPCRA, refer to instructions									
COMMON NAME 207						EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208									
Liquid Petroleum Gas						*If EHS is "Yes", all amounts below must be in lbs.									
CAS# 209															
74-98-6															
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-1, F-4, R-0 210															
HAZARDOUS MATERIAL TYPE (Check one item only) 211						RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212			CURIES N/A 213						
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE															
PHYSICAL STATE (Check one item only) 214						LARGEST CONTAINER 271 215									
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS															
FED HAZARD CATEGORIES (Check all that apply) 216															
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH															
AVERAGE DAILY AMOUNT 217				MAXIMUM DAILY AMOUNT 218				ANNUAL WASTE AMOUNT 219				STATE WASTE CODE 220			
542				542				N/A				N/A			
UNITS* (Check one item only) 221										DAYS ON SITE: 222					
<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS										365					
* If EHS, amount must be in pounds.															
STORAGE CONTAINER 223															
<input type="checkbox"/> a. ABOVE GROUND TANK			<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM			<input type="checkbox"/> i. FIBER DRUM			<input type="checkbox"/> m. GLASS BOTTLE			<input type="checkbox"/> q. RAIL CAR			
<input type="checkbox"/> b. UNDERGROUND TANK			<input type="checkbox"/> f. CAN			<input type="checkbox"/> j. BAG			<input type="checkbox"/> n. PLASTIC BOTTLE			<input type="checkbox"/> r. OTHER			
<input type="checkbox"/> c. TANK INSIDE BUILDING			<input type="checkbox"/> g. CARBOY			<input type="checkbox"/> k. BOX			<input type="checkbox"/> o. TOTE BIN						
<input type="checkbox"/> d. STEEL DRUM			<input type="checkbox"/> h. SILO			<input checked="" type="checkbox"/> l. CYLINDER			<input type="checkbox"/> p. TANK WAGON						
STORAGE PRESSURE 224															
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT															
STORAGE TEMPERATURE 225															
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC															
%WT		HAZARDOUS COMPONENT (For mixture or waste only)					EHS			CAS #					
1 226							<input type="checkbox"/> Yes <input type="checkbox"/> No 228								
2 230							<input type="checkbox"/> Yes <input type="checkbox"/> No 232								
3 234							<input type="checkbox"/> Yes <input type="checkbox"/> No 236								
4 238							<input type="checkbox"/> Yes <input type="checkbox"/> No 240								
5 242							<input type="checkbox"/> Yes <input type="checkbox"/> No 244								

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY				DATE RECEIVED				REVIEWED BY					
DIV		BN		STA		OTHER		DISTRICT		CUPA		PA	

SAMPLE

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD DELETE REVISE REPORTING YEAR **2003** 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

My Company

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) YES NO 202

Materials handling area

FACILITY ID # 1 MAP# (optional) 203 GRID# (optional) 204

1 **4-E**

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET Yes No 206

Carbon dioxide

If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS* Yes No 208

CO2

CAS# 209 *If EHS is "Yes", all amounts below must be in lbs. 210

124-38-9

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 211

HAZARDOUS MATERIAL TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211 RADIOACTIVE Yes No 212 CURIES **N/A** 213

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214 LARGEST CONTAINER **175** 215

FED HAZARD CATEGORIES (Check all that apply) a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220

350 **350** **N/A** **N/A**

UNITS* (Check one item only) a. GALLONS b. CUBIC FEET c. POUNDS d. TONS 221 DAYS ON SITE: **365** 222

* If EHS, amount must be in pounds.

STORAGE CONTAINER a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

SAMPLE

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD DELETE REVISE REPORTING YEAR **2003** 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

My Company

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) YES NO 202

Materials handling area

FACILITY ID # 1 MAP# (optional) 203 GRID# (optional) 204
1 5-E

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET Yes No 206
Helium If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS* Yes No 208
Helium gas

CAS# 209 *If EHS is "Yes", all amounts below must be in lbs. 210
7440-59-7

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 211

HAZARDOUS MATERIAL TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211 RADIOACTIVE Yes No 212 CURIES **N/A** 213

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214 LARGEST CONTAINER 215
275

FED HAZARD CATEGORIES (Check all that apply) a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220
275 **275** **N/A** **N/A**

UNITS* (Check one item only) a. GALLONS b. CUBIC FEET c. POUNDS d. TONS 221 DAYS ON SITE: 222
365
* If EHS, amount must be in pounds.

STORAGE CONTAINER a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
 (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

SAMPLE

For your convenience:

Copies of the Full and Short Version of the THE CUPAs OF LOS ANGELES COUNTY UNIFIED PROGRAM (UP) FORM and individual pages of the form are available for download at one of the following CUPA or PA web sites:

[Los Angeles County Fire Department](http://fire.lacounty.gov/HealthHazMat/HHMDForms.asp)
(<http://fire.lacounty.gov/HealthHazMat/HHMDForms.asp>)