

Instructions for Completing the CERS Consolidated Emergency Response/Contingency Plan

Introduction

Health and Safety Code (HSC) §25505(a)(3) requires that a Hazardous Materials Business Plan (HMBP) contain an Emergency Response Plan and Procedures for immediate response to a reportable release or threatened release of a hazardous material. HSC §25505(a)(4) requires that HMBPs include employee training in safety procedures and emergency response plans and procedures in the event of a reportable release or threatened release.

Title 22 California Code of Regulations (22 CCR) §66262.34(a)(4) requires facilities that generate 1,000 kilograms or more of hazardous waste in any one calendar month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, prepare a Contingency Plan. In addition, facilities that generate more than 1 kilogram of acutely hazardous waste (AHW) in any one calendar month, 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.

The California Environmental Reporting System (CERS) Consolidated Emergency Response/Contingency Plan is designed to consolidate emergency response and contingency plan requirements for both hazardous materials handlers and hazardous waste generator facilities. It provides a basic emergency response plan and a training plan template for a typical small- to mid-size regulated facility, and simplifies Unified Program regulatory requirements. Attachments and/or other documents may be required for certain facilities due to the size and/or the nature of operations or processes that warrant additional planning.

Use of the CERS Consolidated Emergency Response/Contingency Plan is not mandatory. You may use another emergency plan document provided that it satisfies the HSC and 22 CCR emergency response plan/contingency plan content requirements. *In addition, please note that the Employee Training section referenced in Section I. of the CERS Consolidated Emergency Response/Contingency Plan may not be an acceptable training plan in some jurisdictions and a separate training plan may be required.*

General Instructions

- This plan applies to both HMBP and hazardous waste generator facilities. Consider both programs as you complete each plan section.
- Be specific.
- Facilities with frequent employee turnover may substitute position titles for specific employee names when identifying emergency coordinators or emergency response team members to avoid frequent plan revisions.
- Review the specific line item instructions before completing your plan.
- After completion, the plan or its equivalent must be scanned, if necessary, and uploaded to CERS as a PDF document.

Specific Line Item Instructions

- A1. FACILITY ID NUMBER – Enter the Facility ID number issued by the certified unified program agency (CUPA) or Participating Agency (PA).
- A2. CERS ID Number – Enter the CERS ID number obtained from CERS or your local CUPA or PA.
- A3. DATE OF PLAN PREPARATION/REVISION – Enter the date the plan was initially prepared or recently revised.
- A4. BUSINESS NAME – Enter the business name used to identify the facility in CERS.
- A5. BUSINESS SITE ADDRESS – Enter the site address where the facility is located.
- A6. CITY – Enter the city or unincorporated area in which the facility is located.
- A7. ZIP CODE – Enter the 5 or 9 digit zip code for the facility.
- A8. TYPE OF BUSINESS – Briefly describe the type of business.
- A9. INCIDENTAL OPERATIONS – Briefly describe any operations at the facility associated with hazardous materials storage or hazardous waste generation that may not be obvious from the description in A3.
- A10. THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING – Check box 2 “HAZARDOUS WASTES” if the facility generates hazardous waste. Note: Box 1 is always checked since both hazardous waste and non-waste hazardous chemicals are considered hazardous materials.
- B1. INTERNAL RESPONSE – Check one or more of the three boxes to indicate how facility personnel will respond to emergency incidents.

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- C1. LOCAL UNIFIED PROGRAM AGENCY PHONE – Enter the phone number of the local UPA that implements the Hazardous Materials Business Plan (HMBP) and hazardous waste generator program elements. If there is more than one UPA, identify the second agency in C5.
- C2. OTHER AGENCY NAME – If applicable, enter the name of another UPA or emergency response agency.
- C3. OTHER AGENCY PHONE – If applicable, enter the phone number of the agency named in C2.
- C4. NEAREST MEDICAL FACILITY or HOSPITAL NAME – Enter the name of the nearest hospital or medical facility.
- C5. NEAREST MEDICAL FACILITY or HOSPITAL PHONE – Enter the phone number of the nearest hospital or medical facility named in C4.
- C6. REGIONAL WATER QUALITY CONTROL BOARD PHONE – Enter the phone number of the local RWQCB.
- C7. OTHER AGENCY NAME – If applicable, enter the name of another agency requiring notification (e.g., Regional or local agencies not otherwise included).
- C8. OTHER AGENCY PHONE – If applicable, enter the phone number of the agency named in C7.
- C9. OTHER AGENCY NAME – If applicable, enter the name of another agency requiring notification (e.g., Regional or local agencies not otherwise included).
- C10. OTHER AGENCY PHONE – If applicable, enter the phone number of the agency named in C9.
- C11. INTERNAL FACILITY EMERGENCY COMMUNICATIONS OR ALARM NOTIFICATION WILL OCCUR VIA – Check one or more of the boxes to indicate how internal emergency communication and/or alarm notification will occur.
- C12. NOTIFICATIONS TO NEIGHBORING FACILITIES THAT MAY BE AFFECTED BY AN OFF-SITE RELEASE WILL OCCUR BY – Check one or more of the boxes to indicate how neighboring facilities will be notified of actual or threatened off-site releases.C13.
- C13. EMERGENCY COORDINATOR CONTACT INFORMATION – Provide appropriate contact information for large quantity hazardous waste generators.
- D1. EMERGENCY CONTAINMENT AND CLEANUP PROCEDURES – Check all applicable boxes to identify procedures and resources used by your facility to contain, prevent, and/or mitigate a release or emergency.
- D2. OTHER (SPECIFY) – Briefly specify other spill prevention, containment, and cleanup procedures if you checked Box 21.
- E1. THE FOLLOWING ALARM SIGNAL(S) WILL BE USED TO BEGIN EVACUATION OF THE FACILITY – Check all applicable boxes to indicate how facility evacuation will be communicated.
- E2. OTHER (SPECIFY) – Briefly specify other evacuation signals if you checked Box 4.
- E3. THE FOLLOWING LOCATION(S) WILL BE USED FOR AN EMERGENCY ASSEMBLY AREA(S) – Briefly describe the evacuation assembly area(s).
- E4. EVACUATION ROUTES AND ALTERNATE EVACUATION ROUTES ARE DESCRIBED AS FOLLOWS: – Check the applicable box or boxes to indicate how evacuation routes are described.
- E5. OTHER (SPECIFY) – Briefly specify other options for describing evacuation routes if you checked Box 3.
- F1. ADVANCE ARRANGEMENTS FOR LOCAL EMERGENCY SERVICES – Check the appropriate box to indicate if advance arrangements have been made or if they have been determined not to be necessary.
- F2. ADVANCE ARRANGEMENTS (SPECIFY) – If you checked Box 2, briefly describe the advance arrangements.
- G1. EQUIPMENT AVAILABLE – Check all applicable boxes in the second column of the table to identify emergency equipment available at your facility.
- G2. LOCATION – Briefly describe the location(s) where the emergency equipment is kept. Repeat for other rows in table.
- G3. CAPABILITY –If applicable, briefly describe the capability of the emergency equipment. Repeat for other rows in table.
- H1. VULNERABLE AREAS – Check all applicable boxes to identify areas at risk for hazardous materials releases or spills due to earthquakes.
- H2. LOCATIONS – If you checked Box 1-4, briefly describe the location in the corresponding row. Repeat for each row, if applicable.
- H3. VULNERABLE SYSTEMS AND/OR EQUIPMENT – Check all applicable boxes to identify systems and/or equipment vulnerable to hazardous materials releases or spills due to earthquakes.
- H4. LOCATIONS – If you checked Box 1-6, briefly describe the location in the corresponding row. Repeat for each row, if applicable.
- I1. INDICATE HOW EMPLOYEE TRAINING PROGRAM IS ADMINISTERED – Check all applicable boxes to identify how your employee training program is administered.
- I2. OTHER (SPECIFY) – If you checked Box 5, briefly describe the other ways training is administered.
- I3. Check this box if a separate employee training plan is used and uploaded to CERS as a PDF document.
- I4. Check this box if an employee training plan is maintained onsite in addition to the above referenced training plan content.
- J1. ATTACHMENTS – Check this box to indicate that no additional pages and/or documents are attached.
- J2. DOCUMENTS ATTACHED (SPECIFY) – Check this box to indicate that attachments are provided and list the attachments in the section.