

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.



UNIFIED PROGRAM (UP) FORM BUSINESS ACTIVITIES

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FACILITY ID # Official use															,	Hazardous Wa	aste Only)	2
BUSINESS NAME (Sa	me as	Fac	ility I	Name o	f DBA-I	Doing	Busine	ss As)										3
My company																		
my company	II. ACTIVITIES DECLARATION																	
	NOTE: If you check YES to any part of this list,																	
	please submit the Business Owner/Operator Identification page.																	
			•	our faci							•					hese pages	of the LIP F	ORM
A. HAZARDOUS M				our raci	шу						- '' '	00,	picas	0 00111	picto	inose pages	or the or 1	OTAWI
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?					9	⊠ YE	S	□ NC) 4	- CH 4 CC (Sec	ZARDOUS M EMICAL DES NSOLIDATEI tion I and Site AINING PLAN	CRIPTION CONTINGE Map(s))						
B. UNDERGROUND	STC	RA	GE	TANKS	(UST	<u>s)</u>									4US	FACILITY		
 Own or operate 	under	grou	ınd s	torage t	anks?						☐ YE	S	⊠ NC	5	4US	TANK (one pa	ige per tank)	
2. Intend to upgrad	de exis	sting	or in	stall ne	w UST	s?					☐ YE	S	⊠ NC	6	4US	FACILITY		
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Recycle more t recyclable mate						d or e	xempte	d			ПYЕ	S	⊠ NC	10	4 RF	CYCLABLE N	MATERIALS R	REPORT
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6. Need to report hazardous was						k inai	. was cia	issined	as		□YE	3	NO 🔀	14		ZARDOUS W TIFICATION	ASIE IANK	CLOSURE
E. LOCAL REQUIR																		15
1. REGULATED SUBS																		
Have Regulated Subst (EHS) stored on site at established by the Cali	t greate ifornia	er th Acci	an th	ne thres	hold pla	annin	g quanti	ties	tances		□YE	S	⊠ NO	15a	requi 4 Re	dition to Haza rements, com gulated Subst k Managemei	plete: ance Registra	ation
OTHER REQUIREM a. Have hazardous in the second se			tore	d on site	at or s	hove	a three	nold a	mount	-				15b	4 Co	nsult local CU	PA or PA for	added
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b. Required by a CL	JPA or	PA	to pr	ovide of	ther info	ormat	ion?					c '	V N.C	15c		-4- 0 :	- Fam: // A C	t \
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OFFICIAL USE ONLY	,		UP F	orm	HW		НМ		ARF)	A	ST		UST		TP	CUPA	PA



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

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FACILITY ID#					_		TI		1	BEGINI	NING F	DATE	100	ENDING	3 DATE	101
Official use only			i									,,,,_				
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BUSINESS SITE ADDRE																103
		123	Any S	troo	•											
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CITY		<u>Any</u>	Town	<u> </u>						104	CA	ZIP (CODE	9	0000	
DUN & BRADSTREET											106		CODE (4 d	9 ' /	000	107
COUNTY LOS ANGE	LES										108	UNIN	NCORPOR	ATED	Yes N	o ^{133a} .
BUSINESS OPERATOR	NAME										109	BUS	INESS OP	ERATOR I	PHONE	110
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OWNER NAME		Laba	C 14									OVVI			4444	
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CONTACT NAME											117	CON	TACT PHO	ONE		118
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COVER PAGE

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			

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:

- π Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- π 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 ON	LY	DATE RECE	EIVED		REVIE	EWED BY	
DIV	BN	STA	OTHER	DISTRICT		CUPA	PA



SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

		I. FACIL	ITY IDENTIF	FICATION	ON	
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. EMERO	SENCY CON	ITACTS	3	
	PRIMARY				SECONDARY	
NAME		123	NAME			128
	John Smith				Jane Smith	
TITLE		124	TITLE			129
	Owner and Opera				Manager	
BUSINESS PHONE	(000) 000 000	125	BUSINESS F	PHONE	(000) 000 000	130
24 LIQUID DUONE	(000) 000-0000	100	24 HOUD DI	IONIE	(000) 000-0000	101
24-HOUR PHONE	(111) 111-1111	126	24-HOUR PH	HONE	(222) 222-2222	131
PAGER #	(111) 111-1111	127	PAGER #		(333) 333-3333	132
I AGEN#	(222) 222-2222	121	I AGEN#		(444) 444-4444	132
		NCY RESPON	SE PLANS	AND PE		
A. Noti	fications					
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Your business is requ						
hazardous material to Office of Emergency \$						
Office of Emergency 3	Services. Il you have	FIRE/PARAMEDIC			uous materiais, imm	lediately call.
			NE: 911	IXII I		
AFTER the local eme	rgency response per	rsonnel are notified	, you shall the	n notify th	nis Unified Program	Agency and the
Office of Emergency S				,	· ·	0 ,
LA. Co. Fire Dept. H.H		323) 890-4317				
State Office of Emerg	ency Service: (800) 852-7550 or (916) 262-1621			
National Response Co	enter: (a	800) 424-8802				
Inform	nation to be provided	d during Notification	า:			
ω	Your Name and t	he Telephone Num	ber from where	e you are	calling.	
σ	Exact address of	the release or threa	atened release) <u>.</u>	-	
σ	Date, time, cause	, and type of incide	ent (e.g. fire. ai	r release.	spill etc.)	
ω		ntity of the release,			, op oto.,	
	Current condition	•	to the extent	MIOWII.		
$\overline{\omega}$	Extent of injuries,	,				
ω	•	•	-1 / 4			
σ			u/ or the enviro	onment o	utside of the facility	•
	ergency Medical					
	emergency medical f			usiness ir	n the event of an ac	cident or injury
	elease or threatened	release of hazard	ous material	1.5	LIONE NO:	
HOSPITAL/CLINIC:	VV7 Madical Car	-1		P	HONE NO:	44 0444
ADDDESS:	XYZ Medical Cer	iter			(911) 9	11-9111
ADDRESS:	911 Code Blue S	Stroot				
CITY:	311 Code Dide 3	/II CEL		7	IP CODE:	
	Healthy Town			_	90000	
L	uning round				30000	
OFFICIAL USE ONLY	[DATE RECEIVED		R	EVIEWED BY	



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SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

	Private Emergency Poor and
C.	Private Emergency Response
DOES	YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? Yes 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.
CLEA	NUP/DISPOSAL CONTRACTOR
	List the contractor that will provide cleanup services in the event of a release.
NAME	OF CONTRACTOR: PHONE NO:
	Cleanup Incorporated (777) 777-7777
ADDR	
	555 Any Street.
CITY:	ZIP CODE:
	Any Town 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 (check all which apply):
V √o	bal ⊠ Telephone <i>(including cellular)</i> ⊠ Alarm System □ Public Address System ⊠ Intercom
_	
∐ Ра	gers ☐ Portable Radio ☒ Other <i>(specify):</i> Two-way radios.
2. 🔀 E	vacuation map is prominently displayed throughout the facility.
3 🔯 I	ndividual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has
	vacuated:
been	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.
\boxtimes	Hazardous Waste/ Hazardous Materials Storage Areas 🛛 Production Floor 🗌 Process Lines
	Bench/ Lab Waste Treatment Other:
	Identify mechanical systems where releases could occur or would require immediate inspection or isolation
	because of the vulnerability to earthquake related ground motion.
	because of the vulnerability to earthquake related ground motion. Utilities
	Utilities
	Utilities ☐ Sprinkler Systems ☐ Cabinets ☐ Shelves Racks ☐ Pressure Vessels ☒ Gas Cylinders ☐ Tanks
	Utilities



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).



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.

the facility	be listed. Completion of the following Eme EMERGENCY EQUIPME		nent Inventory Table meets this requirement.
1. Equipment Category	2. Equipment Type	3. Location *	4. Description**
Personal	☐ Cartridge Respirators	Location	Description
Protective,	☐ Chemical Monitoring Equipment (describe)		
Equipment,	☐ Chemical Protective Aprons/Coats		
Safety	☐ Chemical Protective Boots		
Equipment,		8-E	Rubber gloves
and	☐ Chemical Protective Suits (describe)		
First Aid	☐Face Shields		
Equipment	☐ First Aid Kits/Stations (describe)	7-C / 8-H	Two first aid kits available
	☐ Hard Hats		
	☐ Plumbed Eye Wash Stations		
1	☑ Portable Eye Wash Kits (i.e. bottle type)	8-C	Bottle type affixed to wall.
	Respirator Cartridges (describe)		
	☑ Safety Glasses/Splash Goggles	8-E	Safety glasses for employees
	☐ Safety Showers		
	☐ Self-Contained Breathing Apparatuses (SCBA)		
	Other (describe)		Steel toe shoes
Fire	☐ Automatic Fire Sptinkler Systems		
Extinguishing	☐ Fire Alarm Boxes/Stations		
Systems	Fire Extinguisher Systems (describe)	3E4C4H7C7G	Five fire extinguishers on site
0 "	Other (describe)		
Spill	Absorbents (describe)	4-F	25 Pound absorbent bags
Control	Berms/Dikes (describe)		
Equipment and	Decontamination Equipment (describe)		
Decontamination	☐ Emergency Tanks (describe) ☐ Exhaust Hoods		
Equipment			
_qa.po	☐ Gas Cylinders Leak Repair Kits (describe) ☑ Neutralizers (describe)	4-F	Baking soda available for acid.
	Overpack Drums	4-F	Baking Soua available for acid.
	Sumps (describe)		
	, , ,	0.0	There are a least on a Heaten way off
Communications	Other (describe)	3-G	Three stage clarifier collects run-off
and	☐ Chemical Alarms (describe)	40 F	Public announcement installed
Alarm		10-E	Two-way radios
Systems	☐ Portable Radios ☐ Telephones	4-H	Telephones and cellular phones
=,0.00	☐ Underground Tank Leak Detection Monitors		receptiones and centulal priories
	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.

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;
 - I. 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.	5-1



Parking lot / Evacuation area.

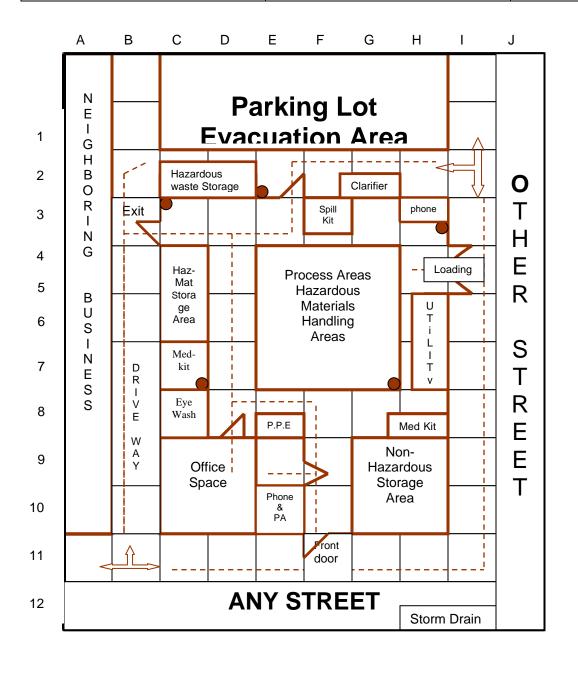
1-CDEFGH and 2-CDEFGH
First Aid kit.

7-C and 8-H

Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SITE MAP

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

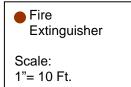


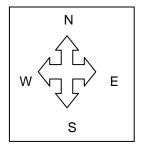
For Site Map

- Scale of Map
- Loading
- Areas
- Parking Lots
- Internal
- RoadsStorm andSewer
- DrainsAdjacentPropertyUse
- Locations and Names of Adjacent Streets
- and Alleys
 Access and Egress
 Points and

Roads

 Primary and Alternate Evacuation







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UNIFIED PROGRAM (UP) FORM HAZARDOUS WASTE GENERATOR

	HAZ	<u>ARDOUS W</u>	ASTE GEN	IERATO	<u> PR</u>									
						PA	GE O	F						
BUSINESS NAME: My Company								3						
FACILITY ID # Official Use Only	1	NO. OF EMPLOY # here.	EES:		PA ID # AL 00	# 0000000		2						
		I. TYPE	OF GENER	ATOR										
PLEASE CHECK THE FO	OLLOWING BOX	XES THAT APPL	Y (Check no mo	ore than on	e box	per column)		А						
			RCRA GENERAT	OR		NON -RCRA GENERATOR (CALIFORNIA WASTE ONLY)								
LARGE QUANTITY GENERATO (>1000 KG HAZARDOUS WAS]											
SMALL QUANTITY GENERATO (>100 KG BUT <1000 KG HAZ		PER MONTH)]											
CONDITIONALLY EXEMPT SM (< 100 KG HAZARDOUS WAST		ENERATOR	ı	\boxtimes										
		II. WAS	ASTE STREAM IDENTIFICATION											
PLEASE COMPLETE TH	IE TABLE BELC		JCTIONS FOR (CODES AN	ID EXI	PLANATION. STORAGE F	DISPOSA	AL G						
PROCESS B	WASTE DESCRI	TION C	WASTEID	PER YEAR		METHOD	METHO							
Oil change	Waste oil		221	1000)	Α	D)						
Radiator flush	Waste coolan	t	132	110		A D								
Aqueous cleaning	Aqueous was	her solution	134	40		Α	D	1						
I certify that the informati	ion provided hei	rein is true and ac	ocurate to the be	est of my kr	nowled	lge.								
OWNER/OPERATOR NAME				R/OPERATOR				I						
OWNER/OPERATOR SIGNATU			Owner and Operator DATE											
	Signature here)	2003/	01/01										
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(one page per material per building or area) 200 REPORTING YEAR **X**ADD DELETE □REVISE 2003 Page of I. FACILITY INFORMATION BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 My Company CHEMICAL LOCATION CONFIDENTIAL 202 CHEMICAL LOCATION (EPCRA) ☐ YES 🔀 NO West interior wall of property 204 MAP# (optional) GRID# (optional) FACILITY ID # 5-C and 6-C II. CHEMICAL INFORMATION 206 CHEMICAL NAME 205 TRADE SECRET ☐ Yes ⋈ No **Petroleum Lubricating Oil** If Subject to EPCRA, refer to instructions 207 208 Motor Oil 10W-40 **COMMON NAME** EHS* ☐ Yes 🔀 No 209 *If EHS is "Yes", all amounts below must be in lbs. CAS# 210 FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-1, F-1, R-0 213 HAZARDOUS MATERIAL RADIOACTIVE ☐Yes ⊠No 212 CURIES N/A 211 ⊠b. MIXTURE TYPE (Check one item only) a. PURE C. WASTE 215 PHYSICAL STATE 55 214 LARGEST CONTAINER ☐ a. SOLID 🔀b. LIQUID C. GAS (Check one item only) FED HAZARD CATEGORIES 216 □ b. REACTIVE □ c. PRESSURE RELEASE □ d. ACUTE HEALTH ☑ e. CHRONIC HEALTH (Check all that apply) a. FIRE AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220 55 110 N/A N/A 222 221 DAYS ON SITE: ☑a. GALLONS ☐b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS LINITS* 365 (Check one item only) * If EHS, amount must be in pounds STORAGE ☐ e. PLASTIC/NONMETALLIC DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR ☐ n. PLASTIC BOTTLE ☐ r. OTHER CONTAINER a. ABOVE GROUND TANK ☐ i.FIBER DRUM ☐ m. GLASS BOTTLE ☐ b. UNDERGROUND TANK f. CAN ☐ j. BAG C. TANK INSIDE BUILDING g. CARBOY k. BOX ☐ o. TOTE BIN ☑ d. STEEL DRUM ☐ h. SILO ☐ I. CYLINDER p. TANK WAGON 223 STORAGE PRESSURE X a. AMBIENT □ b. ABOVE AMBIENT □ c. BELOW AMBIENT 224 STORAGE TEMPERATURE ☐ b. ABOVE AMBIENT □ c. BELOW AMBIENT □ d. CRYOGENIC M a AMBIENT 225 CAS# %WT HAZARDOUS COMPONENT (For mixture or waste only) **EHS** ☐ Yes ☐ No 1 229 ☐Yes ☐ No 2 230 231 232 233 3 234 ☐ Yes ☐ No 236 237 ☐Yes ☐ No 241 238 239 240 5 ☐Yes ☐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 246 ADDITIONAL LOCALLY COLLECTED INFORMATION 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**

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(one page per material per building or area) DELETE □REVISE **X**ADD REPORTING YEAR 2003 Page **FACILITY INFORMATION** BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 My Company 202 CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES 🔀 NO West interior area of property 204 GRID# (optional) MAP# (optional) FACILITY ID # 3-C and 3-D II. CHEMICAL INFORMATION 206 **CHEMICAL NAME** 205 TRADE SECRET ☐ Yes ☑ No If Subject to EPCRA, refer to instructions 207 208 **Used oil COMMON NAME** EHS* ☐ Yes 🔀 No 209 *If EHS is "Yes", all amounts below must be in lbs. CAS# 210 FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 213 HAZARDOUS MATERIAL RADIOACTIVE ☐Yes ⊠No 211 212 CURIES N/A TYPE (Check one item only) ☐ a. PURE ☐ b. MIXTURE X c. WASTE 215 PHYSICAL STATE 55 214 LARGEST CONTAINER (Check one item only) ☐ a. SOLID 🔀b. LIQUID C. GAS 216 FED HAZARD CATEGORIES □ b. REACTIVE □ c. PRESSURE RELEASE □ d. ACUTE HEALTH ☑ e. CHRONIC HEALTH (Check all that apply) a. FIRE ANNUAL WASTE AMOUNT AVERAGE DAILY AMOUNT MAXIMUM DAILY AMOUNT 218 219 STATE WASTE CODE 220 25 110 1000 221 222 221 DAYS ON SITE: ☑a. GALLONS ☐b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS UNITS* 365 (Check one item only) * If EHS, amount must be in pounds STORAGE ☐ e. PLASTIC/NONMETALLIC DRUM CONTAINER a. ABOVE GROUND TANK ☐ i . FIBER DRUM ☐ m. GLASS BOTTLE q. RAIL CAR ☐ n. PLASTIC BOTTLE ☐ r. OTHER ☐ b. UNDERGROUND TANK f. CAN ☐ j. BAG ☐ k. BOX ☐ c. TANK INSIDE BUILDING g. CARBOY □ o. TOTE BIN ☑ d. STEEL DRUM ☐ h. SILO ☐ I. CYLINDER ☐ p. TANK WAGON 223 STORAGE PRESSURE a. AMBIENT □ b. ABOVE AMBIENT □ c. BELOW AMBIENT 224 STORAGE TEMPERATURE ☐ b. ABOVE AMBIENT □ c. BELOW AMBIENT □ d. CRYOGENIC a. AMBIENT 225 %WT HAZARDOUS COMPONENT (For mixture or waste only) **EHS** CAS# 1 **100** % 226 **Used Petroleum Oil** 227 ☐ Yes
☐ No 228 N/A 229 230 231 ☐Yes ☐ No 232 233 2 3 234 ☐ Yes ☐ No 236 237 238 239 ☐Yes ☐ No 241 □Yes □No 244 245 5 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 246 ADDITIONAL LOCALLY COLLECTED INFORMATION If EPCRA, Please Sign Here (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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							FAC					ATIC	N						
BUSINESS NAME	(Sar	ne as FA	CILIT	Y NA					sines	s As	s)								3
CHEMICAL LOCA		I			Wy	Co	mpany							201	CHEMICA	LLOCATI	ON CO	NFIDENTIAL	202
CHEWICAL LOCA	ION	•			No	rth (exterio	r wa	ll of	f pi	rope	rtv			(EPCRA)			NO NO	
FACILITY ID #												1	N	//AP#	(optional)	203	GRID	# (optional)	204
		_				_				<u> </u>					1			3-D	
						II	. CHE	MICA	AL II	NF	ORN	IAT	ION						
CHEMICAL NAME														205	TRADE SI		to EPCRA,	☐ Yes ☒ No refer to instructions	206
COMMON NAME					Wa	ste	Coola	nt						207	EHS*			☐ Yes ☒ No	208
CAS#					107	7-21	-1							209	*If EHS is	"Yes", all	amounts	s below must be in lbs	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)																			
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. SC	LID	⊠b.	LIQU	JID [] c. G	AS		2	14	LARG	GEST (CONTAINER	55		1	215
FED HAZARD CATEO (Check all that apply)	GORI		a. FII	RE	☐ b.	REA	CTIVE [c. P	RESS	SUR	RE REL	EASI	E I	☐ d. /	ACUTE HEAI	LTH ⊠ e.	CHRON	IIC HEALTH	216
AVERAGE DAILY AM	OUN	IT		217	MA	XIMU	M DAILY	AMOU	NT		2	18	ANN	UAL W	ASTE AMOU	JNT	219 S	TATE WASTE CODE	220
40							55	ı							110 132				
UNITS*							. TON	NS		221	DAY	'S ON SITE: 365	222						
STORAGE	STORAGE																		
		DERGROL				e. P] f. C		IONIVIE	IALL		DRUM		j. BA					q. RAIL CAR	
	. TAI	NK INSIDE	BUILD	ING] g. C	ARBOY						k. BC	XC	□ o	. TOTE BII	N		
	. ST	EEL DRU	M] h. S	ILO						I. CY	YLINDE	R 🗆 p	. TANK WA	AGON		223
STORAGE PRESSU	RE	×	a. AN	1BIEN	١T		□ b. ABC	VE AN	/BIEN	ΝT	[☐ c.	BEL	OW AI	MBIENT				224
STORAGE TEMPERA	ATUR	RE 🗵	a. AN	/BIEI	NT	[□ b. AB0	OVE A	MBIEN	NΤ		☐ c.	BEL	OW A	MBIENT	d. CRY	OGENIC		225
%WT		HAZARI	DOUS	S CC	OMP	ONE	NT (Fo	r mixt	ure	or v	waste	onl	y)		EHS			CAS#	
1 50% 226	E	thylen	e Gly	col									227		∕es ⊠ No	228	107-21	I-1	229
2 230													231	□Y	es 🗌 No	232			233
3 234													235		∕es □ No	236			237
4 238													239	□Y	es 🗌 No	240			241
5 242													243	□Y	es	244			245
If more hazardous compinformation.	onen	its are prese	ent at g	reater	than 1	l% by	weight if n	on-card	inoge	nic,	or 0.1%	by w	eight	if carci	nogenic, attac	h additional	sheets of	paper capturing the requir	ed
ADDITIONAL LOC	ALL	Y COLLE	CTED	INF	ORM	ATIC	ON												246
If EPCRA, Please S (Facilities reporting			ubject	to E	PCR	A rej	porting ti	nresho	olds n	nus	st sign	eacl	h Che	emica	l Descriptio	n page for	each E	EPCRA reported cher	nical.)
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								(one pag	ge per material per build	ng or area)
⊠ADD	□DELET				REPORTIN	G YEAR	2003		²⁰⁰ Page	of
		I. FACIL	LITY INF	ORMAT	ON					
BUSINESS NAME (Same as FACILITY NA	AME or DBA – Doing My Company	Business	s As)						3
CHEMICAL LOCAT		,			201	CHEMICA	L LOCATION	ON CON	IFIDENTIAL	202
		Materials hand	ling are	а		(EPCRA)] YES	NO	
FACILITY ID #					¹ MAP#	(optional)	203	GRID#	(optional)	204
									5-E	
		II. CHEM	IICAL II	NFORMA		T				
CHEMICAL NAME		Acatulana			205	TRADE SE	_		∐ Yes ⊠ No	206
000404001114045		Acetylene			If Subject to EPCRA, refer to instructions					
COMMON NAME		Welding gas 74-86-2			209	*If EUS is:	"Voc" all a		☐ Yes ☒ No below must be in	lbe
CAS#	D.C.I.ACCEC (C		LE 4 D	2		11 1110 15	165, all a	mounts	below must be in	210
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-4, F-4, R-2										
HAZARDOUS MATER TYPE (Check one item		□b. MIXTURE □	c. WASTE	211	RADIOACT	ΓIVE □Yes	⊠No	212	CURIES N/A	
PHYSICAL STATE (Check one item only)	a. SOLID		LARGE	ST CONTAI	NER	382	215			
FED HAZARD CATEG (Check all that apply)	ORIES ☑ a. FIRE	□ b. REACTIVE 🛚	c. PRESS	SURE RELEA	SE d.	ACUTE HEAL	.TH e.	CHRONI	C HEALTH	216
AVERAGE DAILY AMO	OUNT 217	MAXIMUM DAILY A	MOUNT	218	ANNUAL V	VASTE AMOU	NT 2	219 ST	ATE WASTE CODE	220
382		382				N/A			N/A	
					d. TONS	-	221	DAYS	S ON SITE: 365	222
STORAGE	ABOVE GROUND TANK			•	1 : CIDED C	DUM Dm	GLASS BC	TTI E	g. RAIL CAR	
	UNDERGROUND TANK		JINIVIE I ALLI	_	j. BAG				r. OTHER	
☐ c.	TANK INSIDE BUILDING	g. CARBOY			k. BOX	□ o.	TOTE BIN			
□ d.	STEEL DRUM	☐ h. SILO			I. CYLIND	ER p	. TANK WA	GON		223
STORAGE PRESSUR	E ☐ a. AMBIE	NT 🛮 b. ABOV	/E AMBIEN	IT 🗆	c. BELOW A	MBIENT				224
STORAGE TEMPERA	ΓURE ⊠ a. AMBIE	NT 🗆 b. ABO\	/E AMBIEN	IT 🗆	c. BELOW A	AMBIENT	☐ d. CRY	OGENIC		225
%WT	HAZARDOUS CO	OMPONENT (For	mixture c	or waste or	nly)	EHS			CAS#	
1 226					227	Yes 🗌	228			229
2 230					231	Yes □ No	232			233
3 234					235	Yes ☐ No	236			237
4 238					239	res □ No	240			241
5 242					243	res □No	244			245
If more hazardous compo	nents are present at greate	r than 1% by weight if no	n-carcinoger	nic, or 0.1% by	weight if carc	inogenic, attacl	n additional sl	heets of p	aper capturing the req	uired
	LLY COLLECTED INF	FORMATION								246
	· · ·	-								
If EPCRA, Please S (Facilities reporting	gn Here Chemicals subject to E	EPCRA reporting thr	esholds m	nust sign ea	ch Chemica	al Description	n page for e	each El	PCRA reported ch	emical.)

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ne page per material per building or area).

⊠ADD	□DELETI		REVISE			RE	EPORT	ING YEAR 2	003	(one pag	ge per material per buildir 200 Page o	of	
		I. FA	CILITY	INF	ORMA	TION	N				· · · · · · · · · · · · · · · · · · ·		
BUSINESS NAME (S	Same as FACILITY NA		-	ness	s As)							3	
CHEMICAL LOCATI		My Compan	y				201	CHEMICA	LLOCATIO	ON CON	IFIDENTIAL	202	
OHEMIOAE EGGATI		West interio	r wall o	of p	roperty			(EPCRA)		_	NO NO		
FACILITY ID #						1	MAP#	MAP# (optional) 203 GRID# (optional)					
		" (1			UEODM	A TI		1			6-C		
CHEMICAL NAME		II. CH	EIVIICA	LII	NFORM	AIIC	205	TRADE S	ECRET		☐ Yes No	206	
CHEWICAL NAME		Perchloroet	hvlene					If Subject to EPCRA, refer to instructions					
COMMON NAME		PERC	,				207	EHS*			☐ Yes ☒ No	208	
CAS#		127-18-4					209	*If EHS is	"Yes", all a	mounts	below must be in II		
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-4, F-0, R-4													
HAZARDOUS MATERIAL TYPE (Check one item only)											213		
PHYSICAL STATE (Check one item only)	a. SOLID	⊠b. LIQUID	☐ c. GA	S	214	LA	ARGEST	CONTAINER		80		215	
FED HAZARD CATEGORIES (Check all that apply) a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. C. CHRONIC HEALTH													
AVERAGE DAILY AMO	UNT 217	MAXIMUM DAIL	Y AMOUN	IT	218	1A	NNUAL V	WASTE AMOU	JNT	219 ST	ATE WASTE CODE	220	
45		8	30					N/A			N/A		
UNITS*										222			
	STORAGE												
- -	UNDERGROUND TANK TANK INSIDE BUILDING	☐ f. CAN ☐ g. CARBO\	,			□ j.	BAG BOX	_	PLASTIC . TOTE BIN		☐ r. OTHER		
_	STEEL DRUM	☐ g. CARBO					CYLIND		. TANK WA			223	
STORAGE PRESSUR	E 🔀 a. AMBIEN	NT 🗆 b. A	BOVE AMI	BIEN	IT [c. B	BELOW A	AMBIENT				224	
STORAGE TEMPERAT	URE 🛚 a. AMBIEI	NT 🗆 b. A	BOVE AM	BIEN	IT [c. E	BELOW /	AMBIENT	d. CRY	OGENIC		225	
%WT	HAZARDOUS CO	OMPONENT (F	or mixtu	ıre d	or waste	only))	EHS			CAS#		
1 226						22	27	Yes ☐ No	228			229	
2 230						23	31 🔲	Yes 🗌 No	232			233	
3 234						23	35 🔲	Yes ☐ No	236			237	
4 238						23	39 🔲	Yes □ No	240			241	
5 242						24	43	Yes □No	244			245	
If more hazardous compo information.	nents are present at greater	than 1% by weight i	f non-carcii	nogei	nic, or 0.1%	y weig	ght if card	inogenic, attac	h additional s	heets of p	aper capturing the requ	ired	
	LLY COLLECTED INF	ORMATION										246	
If EPCRA, Please Si (Facilities reporting 0	gn Here Chemicals subject to E	PCRA reporting	threshol	ds n	nust sign e	ach (Chemic	al Descriptio	n page for	each El	PCRA reported che	emical.)	

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⊠ADD	□DELETI					ING YEAR 200	3		²⁰⁰ Page o	f
			ITY INFO		ON					
BUSINESS NAME (Same as FACILITY NA	ME or DBA – Doing	Business As	s)						3
		My Company								
CHEMICAL LOCATI	ON	Materials hand	dling area	l	201	CHEMICAL L (EPCRA)			NFIDENTIAL ☑ NO	202
FACILITY ID #			ĬI		1 MAP	# (optional)	203	GRID#	(optional)	204
FACILITY ID #						1			4-E	
		II. CHEM	IICAL INF	ORMA	TION					
CHEMICAL NAME					205	TRADE SEC	RET		☐ Yes 🔀 No	206
		Propane						EPCRA,	refer to instructions	
COMMON NAME		Liquid Petrole	ıım Gas		207	EHS*			☐ Yes ☒ No	208
CAS#		74-98-6	um ouo		209	_	es", all a		below must be in lb	ns.
	D CLASSES (Complete in		E_4 P_0				, a a			210
		required by CUPA)	, F-4, K-U							213
HAZARDOUS MATERI TYPE (Check one item		□b. MIXTURE □	c. WASTE	211	RADIOAC	TIVE Yes 🗵	No	212	CURIES N/A	245
PHYSICAL STATE (Check one item only)	a. SOLID	□b. LIQUID	c. GAS	214	LARGEST	CONTAINER	271			215
FED HAZARD CATEGO (Check all that apply)	ORIES ☑ a. FIRE	□ b. REACTIVE 🛛	c. PRESSUR	RE RELEA	SE 🗆 d.	ACUTE HEALTH	l	CHRON	IC HEALTH	216
AVERAGE DAILY AMO	OUNT 217	MAXIMUM DAILY AI	MOUNT	218	ANNUAL	WASTE AMOUNT		219 ST	TATE WASTE CODE	220
542		542				N/A			N/A	
UNITS* (Check one item only)	□a. GALLONS	b. CUBIC FEET * If EHS, amount	c. POU		d. TONS		221	DAYS	S ON SITE: 365	222
STORAGE			•		_			1		
	ABOVE GROUND TANK UNDERGROUND TANK	☐ e. PLASTIC/NO☐ f. CAN	NMETALLIC I] i . FIBER] j. BAG				☐ q. RAIL CAR ☐ r. OTHER	
_	TANK INSIDE BUILDING	g. CARBOY		_	k. BOX	_	OTE BIN		L OTTLER	
_	STEEL DRUM	h. SILO		_	II. CYLINI	- -	ANK WA			222
		_								223
STORAGE PRESSUR		NT ⊠ b. ABOV	E AMBIENT		c. BELOW	AMBIENT				224
STORAGE TEMPERAT	ΓURE ⊠ a. AMBIEI	NT 🗆 b. ABOV	'E AMBIENT		c. BELOW	AMBIENT	d. CRY	OGENIC		225
%WT	HAZARDOUS CO	OMPONENT (For I	mixture or v	waste or	nly)	EHS			CAS#	
1 226					227	Yes ☐ No	228			229
2 230					231	Yes 🗌 No	232			233
3 234					235	Yes 🗌 No	236			237
4 238					239	Yes □ No	240			241
5 242					243	Yes □No	244			245
,	onents are present at greater	than 10/ by weight if	ooroina ==='-	0 10/ L				hoote of	anor conturing the re-	
information.	ments are present at greater	man 1 /6 by weight if hor	ı-carcınoyenic,	or o.r ⁄∞ by	weight it car	omogenio, attach ad	iditional S	neers of b	raper capturing the requi	
ADDITIONAL LOCA	LLY COLLECTED INF	ORMATION								246
If EPCRA, Please Si (Facilities reporting)	gn Here Chemicals subject to E	PCRA reporting thre	esholds mus	t sign ea	ch Chemic	al Description p	age for e	each Ei	PCRA reported che	mical.)
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(one page per material per building or area) Page of **⊠**ADD DELETE □REVISE **REPORTING YEAR 2003 FACILITY INFORMATION** BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 My Company 202 CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES 🔀 NO Materials handling area 204 MAP# (optional) GRID# (optional) FACILITY ID # 4-E II. CHEMICAL INFORMATION 206 CHEMICAL NAME TRADE SECRET ☐ Yes 🖂 No **Carbon dioxide** If Subject to EPCRA, refer to instructions 207 208 CO₂ EHS* ☐ Yes 🔀 No **COMMON NAME** 209 124-38-9 *If EHS is "Yes", all amounts below must be in lbs. CAS# 210 FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 213 HAZARDOUS MATERIAL RADIOACTIVE ☐Yes ☒No 212 CURIES N/A 211 TYPE (Check one item only) 🛛 a. PURE □b. MIXTURE C. WASTE 215 PHYSICAL STATE LARGEST CONTAINER 175 (Check one item only) ☐ a. SOLID ☐b. LIQUID 🛛 c. GAS FED HAZARD CATEGORIES 216 (Check all that apply) a. FIRE □ b. REACTIVE ☑ c. PRESSURE RELEASE □ d. ACUTE HEALTH □ e. CHRONIC HEALTH AVERAGE DAILY AMOUNT MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT STATE WASTE CODE 220 350 350 N/A 221 222 DAYS ON SITE: UNITS* ☐ c. POUNDS ☐ d. TONS □a. GALLONS 365 * If EHS, amount must be in pounds (Check one item only) STORAGE a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i . FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR CONTAINER ☐ n. PLASTIC BOTTLE ☐ r. OTHER ☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG C. TANK INSIDE BUILDING g. CARBOY k. BOX O. TOTE BIN ☐ d. STEEL DRUM □ h. SILO ☑ I. CYLINDER p. TANK WAGON 223 STORAGE PRESSURE a. 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# ☐ Yes ☐ No 1 226 228 229 ☐Yes ☐ No 2 230 231 232 233 234 235 ☐ Yes ☐ No 236 237 3 238 239 ☐Yes ☐ No 240 241 4 242 245 5 ☐Yes ☐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 246 ADDITIONAL LOCALLY COLLECTED INFORMATION If EPCRA, Please Sign Here (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)



⊠ADD	□DELETI		REVISE			RFPOR	TING YE	AR 200 3	3	(one pa	200 Page of	or area)
			CILITY		RMAT							
BUSINESS NAME (Same as FACILITY NA	ME or DBA – D	oing Bus	iness A	s)							3
		My Compa	ny									
CHEMICAL LOCAT	ION	Materials h	andlin	g area	1	20	CHEN (EPC			ON CON YES	NFIDENTIAL ☑ NO	202
FACILITY ID #						1 MAF	P# (optional))	203	GRID#	# (optional)	204
TAGILITI ID#							1				5-E	
		II. CH	HEMICA	L INF	ORMA	TION						
CHEMICAL NAME						20	TRAD	E SECR	ET		☐ Yes	206
		Helium				20	7		Subject to		refer to instructions	208
COMMON NAME		Helium ga	S			20	EH2.				☐ Yes ⊠ No	
CAS#		7440-59-7				20	*If EF	IS is "Yes	s", all ar	mounts	below must be in lbs	210
	RD CLASSES (Complete if	required by CUPA)				I						213
HAZARDOUS MATER TYPE (Check one item		□b. MIXTURE	☐ c. WA	ASTE	211	RADIOA	CTIVE []Yes ⊠N	No	212	CURIES N/A	
PHYSICAL STATE (Check one item only)	a. SOLID	□b. LIQUID	⊠ c. G/	AS	214	LARGES	T CONTA	INER		2	275	215
FED HAZARD CATEG (Check all that apply)	ORIES a. FIRE	☐ b. REACTIVE	E ⊠ c. P	RESSUR	RE RELEA	SE 🗆	d. ACUTE	HEALTH	□ e. (CHRON	IC HEALTH	216
AVERAGE DAILY AMO	OUNT 217	MAXIMUM DAI	LY AMOUI	NT	218	ANNUAI	WASTE A	AMOUNT	2	219 ST	TATE WASTE CODE	220
275	;	2	275				N/	A			N/A	
UNITS* (Check one item only)	□a. GALLONS	⊠b. CUBIC F * If EHS, an			NDS 🗆	d. TONS			221	DAY	S ON SITE: 365	222
□ b.	ABOVE GROUND TANK UNDERGROUND TANK TANK INSIDE BUILDING	☐ e. PLASTI ☐ f. CAN ☐ g. CARBO		TALLIC I] i . FIBEF] j. BAG] k. BOX			ASTIC E		☐ q. RAIL CAR ☐ r. OTHER	
_	STEEL DRUM	☐ g. CARBO	, i		_	II. CYLIN	IDER	□ p. TA		GON		223
STORAGE PRESSUR	RE 🔲 a. AMBIEN	 NT ⊠ b. <i>A</i>	ABOVE AM	IBIENT		c. BELOW	' AMBIENT					224
STORAGE TEMPERA	TURE 🛛 a. AMBIEI	NT 🗆 b. /	ABOVE AM	BIENT		c. BELOV	/ AMBIEN	Г	d. CRYC	OGENIC		225
%WT	HAZARDOUS CO	MPONENT (For mixt	ure or \	waste oi	nly)	El	HS			CAS#	
1 226						227] Yes [No 2	228			229
2 230						231]Yes [No 2	232			233
3 234						235] Yes [No 2	236			237
4 238						239]Yes [No 2	240			241
5 242						243]Yes []No 2	244			245
	l onents are present at greater	than 1% by weight	if non-carc	inogenic,	or 0.1% by	weight if ca	rcinogenic,	attach add	itional sh	neets of p	paper capturing the require	ed
information. ADDITIONAL LOCA	ALLY COLLECTED INF	ORMATION										246
If EPCRA, Please S	ign Here Chemicals subject to E	PCRA reportin	a thresho	lds mus	st sian ea	ch Chem	ical Desci	ription pa	ae for e	each E	PCRA reported chem	nical.)



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 (www.lacofd.org)