

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES**

Page 1 of

I. FACILITY IDENTIFICATION

FACILITY ID # (Agency Use Only)	F A 0 0 4 6 8 7 1	¹	EPA ID # (Hazardous Waste Only)	²
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)			SMC COMMUNITY COLLEGE DISTRICT	
BUSINESS SITE ADDRESS			3401 CSM DR	
BUSINESS SITE CITY	SAN MATEO	¹⁰⁴	CA	ZIP CODE 94402 ¹⁰⁵

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 UPCF....
A. HAZARDOUS MATERIALS Have on site (for any purpose) at any one time, 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 HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?	<input type="checkbox"/> YES Coordinate with your local agency responsible for CalARP.
C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?	<input type="checkbox"/> YES UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)
D. ABOVE GROUND PETROLEUM STORAGE Own or operate ASTs above these thresholds: Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.	<input type="checkbox"/> YES You may need to submit an ABOVEGROUND PETROLEUM STORAGE TANK FACILITY STATEMENT. Click for details
E. HAZARDOUS WASTE Generate hazardous waste? Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? Treat hazardous waste on-site? Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? Consolidate hazardous waste generated at a remote site? Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site? Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste. Household Hazardous Waste (HHW) Collection site?	<input type="checkbox"/> YES EPA ID NUMBER – provide at the top of this page <input type="checkbox"/> YES RECYCLABLE MATERIALS REPORT (one per recycler) <input type="checkbox"/> YES ON-SITE HAZARDOUS WASTE TREATMENT – FACILITY ON-SITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) <input type="checkbox"/> YES CERTIFICATION OF FINANCIAL ASSURANCE <input type="checkbox"/> YES REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION <input type="checkbox"/> YES HAZARDOUS WASTE TANK CLOSURE CERTIFICATION <input type="checkbox"/> YES Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator. <input type="checkbox"/> YES See CUPA for required forms.

F. LOCAL REQUIREMENTS

(You may also be required to provide additional information by your CUPA or local agency.)

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UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

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I. IDENTIFICATION

FACILITY ID#		FA0046871				1	BEGINNING DATE	100	ENDING DATE	101	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)							3	BUSINESS PHONE			102
SMC COMMUNITY COLLEGE DISTRICT								6505746600			
BUSINESS SITE ADDRESS							103	BUSINESS FAX			102a
3401 CSM DR											
BUSINESS SITE CITY					104	CA	ZIP CODE	105	COUNTY	108	
SAN MATEO							94402				
DUN & BRADSTREET						106	PRIMARY SIC	107	PRIMARY NAICS	107a	
									611210		
BUSINESS MAILING ADDRESS											108a
1700 WEST HILLSDALE BLDG 7											
BUSINESS MAILING CITY							108b	STATE	108c	ZIP CODE	108d
SAN MATEO								CA		94402	
BUSINESS OPERATOR NAME							109	BUSINESS OPERATOR PHONE			110
Michele Rudovsky								6505746600			

II. BUSINESS OWNER

OWNER NAME							111	OWNER PHONE			112
SMC COMMUNITY COLLEGE DISTRICT								6505746577			
OWNER MAILING ADDRESS											113
3401 CSM Drive											
OWNER MAILING CITY							114	STATE	115	ZIP CODE	116
SAN MATEO								CA		94402	

III. ENVIRONMENTAL CONTACT

CONTACT NAME							117	CONTACT PHONE			118
michele rudovsky								6505746577			
CONTACT MAILING ADDRESS							119	CONTACT EMAIL			119a
1700 West Hillsdale Blvd, Building 7								rudovskym@smccd.edu			
CONTACT MAILING CITY							120	STATE	121	ZIP CODE	122
San Mateo								CA		94402	

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME					123	NAME					128
Michele Rudovsky						Luis Carranza					
TITLE					124	TITLE					129
Facilities Manager						Supervisor of Custodial Operations					
BUSINESS PHONE					125	BUSINESS PHONE					130
6505746577						6505746117					
24-HOUR PHONE					126	24-HOUR PHONE					131
6502557585						6506425027					
CELL / PAGER #					127	CELL / PAGER #					132
EMAIL						EMAIL					

ADDITIONAL LOCALLY COLLECTED INFORMATION: 135

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				DATE	134	NAME OF DOCUMENT PREPARER		135	
						Michele Rudovsky			
NAME OF SIGNER (print)				136	TITLE OF SIGNER				137
Michele Rudovsky					Facilities Manager				

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

200

Page ___ of ___

I. FACILITY INFORMATION

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

SMC COMMUNITY COLLEGE DISTRICT

CHEMICAL LOCATION 201

District Office

CHEMICAL LOCATION CONFIDENTIAL EPCRA 202

YES

FACILITY ID #

F A 0 0 4 6 8 7 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

DIESEL FUEL NO. 2

TRADE SECRET Yes 206

If Subject to EPCRA, refer to instructions

COMMON NAME 207

Diesel Fuel

EHS* Yes 208

CAS# 209

68334-30-5

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

Combustible Liquid, Class II (1.1 II)

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes 212

CURIES 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER **500.0** 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

400.0

MAXIMUM DAILY AMOUNT 218

500.0

ANNUAL WASTE AMOUNT 219

0.0

STATE WASTE CODE 220

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222

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

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1

226

227

Yes 228

229

2

230

231

Yes 232

233

3

234

235

Yes 236

237

4

238

239

Yes 240

241

5

242

243

Yes 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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here

CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS)
CONSOLIDATED EMERGENCY RESPONSE / CONTINGENCY PLAN

Prior to completing this Plan, please refer to the INSTRUCTIONS FOR COMPLETING A CONSOLIDATED CONTINGENCY PLAN

A. FACILITY IDENTIFICATION AND OPERATIONS OVERVIEW

FACILITY ID # FA0046871	1. CERS ID A1.	DATE OF PLAN PREPARATION/REVISION A2. 01/07/2105
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) SMC COMMUNITY COLLEGE DISTRICT		
BUSINESS SITE ADDRESS 3401 CSM DR		
BUSINESS SITE CITY SAN MATEO	104. CA	ZIP CODE 105. 94402
TYPE OF BUSINESS (e.g., Painting Contractor) Community College	A3.	INCIDENTAL OPERATIONS (e.g., Fleet Maintenance) A4.
THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING: (Check all that apply) A5. <input checked="" type="checkbox"/> 1. HAZARDOUS MATERIALS; <input type="checkbox"/> 2. HAZARDOUS WASTES		

B. INTERNAL RESPONSE

INTERNAL FACILITY EMERGENCY RESPONSE WILL OCCUR VIA: (Check all that apply) <input checked="" type="checkbox"/> 1. CALLING PUBLIC EMERGENCY RESPONDERS (i.e., 9-1-1) <input checked="" type="checkbox"/> 2. CALLING HAZARDOUS WASTE CONTRACTOR <input checked="" type="checkbox"/> 3. ACTIVATING IN-HOUSE EMERGENCY RESPONSE TEAM	B1.
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C. EMERGENCY COMMUNICATIONS, PHONE NUMBERS AND NOTIFICATIONS

Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the Emergency Coordinator (or his/her designee when the Emergency Coordinator is on call) shall:

1. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
2. Notify appropriate local authorities (i.e., call 9-1-1).
3. Notify the California Emergency Management Agency at (800) 852-7550.

Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall notify the California Department of Toxic Substances Control (DTSC), the local Unified Program Agency (UPA), and the local fire department's hazardous materials program that the facility is in compliance with requirements to:

1. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility; and
2. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.

INTERNAL FACILITY EMERGENCY COMMUNICATIONS OR ALARM NOTIFICATION WILL OCCUR VIA: (Check all that apply) <input checked="" type="checkbox"/> 1. VERBAL WARNINGS; <input checked="" type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM; <input checked="" type="checkbox"/> 3. TELEPHONE; <input type="checkbox"/> 4. PAGERS; <input checked="" type="checkbox"/> 5. ALARM SYSTEM; <input checked="" type="checkbox"/> 6. PORTABLE RADIO	C1.
NOTIFICATIONS TO NEIGHBORING FACILITIES THAT MAY BE AFFECTED BY AN OFF-SITE RELEASE WILL OCCUR BY: (Check all that apply) <input checked="" type="checkbox"/> 1. VERBAL WARNINGS; <input type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM; <input checked="" type="checkbox"/> 3. TELEPHONE; <input type="checkbox"/> 4. PAGERS; <input type="checkbox"/> 5. ALARM SYSTEM; <input type="checkbox"/> 6. PORTABLE RADIO	C2.
EMERGENCY RESPONSE PHONE NUMBERS: AMBULANCE, FIRE, POLICE AND CHP 9-1-1 CALIFORNIA EMERGENCY MANAGEMENT AGENCY (CAL/EMA) (800) 852-7550 NATIONAL RESPONSE CENTER (NRC) (800) 424-8802 POISON CONTROL CENTER (800) 222-1222 LOCAL UNIFIED PROGRAM AGENCY (UPA/CUPA) (650) 372-6200 OTHER (Specify):	C3. C4. C5.
NEAREST MEDICAL FACILITY / HOSPITAL NAME: Mills Peninsula	C6. 6506965400 C7.
AGENCY NOTIFICATION PHONE NUMBERS: CALIFORNIA DEPT. OF TOXIC SUBSTANCES CONTROL (DTSC) (916) 255-3545 REGIONAL WATER QUALITY CONTROL BOARD U.S. ENVIRONMENTAL PROTECTION AGENCY (US EPA) (800) 300-2193 CALIFORNIA DEPT OF FISH AND WILDLIFE (CDFW) (916) 358-2900 U.S. COAST GUARD (202) 267-2180 CAL/OSHA (916) 263-2800 STATE FIRE MARSHAL (916) 445-8200 OTHER (Specify): OTHER (Specify):	C8. C9. C10. C11. C12.

D. EMERGENCY CONTAINMENT AND CLEANUP PROCEDURES

SPILL PREVENTION, CONTAINMENT, AND CLEANUP PROCEDURES: (Check all boxes that apply to indicate your procedures for containing spills, releases, fires or explosions; and, preventing and mitigating associated harm to persons, property, and the environment.)

- 1. MONITOR FOR LEAKS, RUPTURES, PRESSURE BUILD-UP, ETC.;
- 2. PROVIDE STRUCTURAL PHYSICAL BARRIERS (e.g., Portable spill containment walls);
- 3. PROVIDE ABSORBENT PHYSICAL BARRIERS (e.g., Pads, pigs, pillows);
- 4. COVER OR BLOCK FLOOR AND/ OR STORM DRAINS;
- 5. BUILT-IN BERM IN WORK / STORAGE AREA;
- 6. AUTOMATIC FIRE SUPPRESSION SYSTEM;
- 7. ELIMINATE SOURCES OF IGNITION FOR FLAMMABLE HAZARDS (e.g. Flammable liquids, Propane);
- 8. STOP PROCESSES AND/OR OPERATIONS;
- 9. AUTOMATIC / ELECTRONIC EQUIPMENT SHUT-OFF SYSTEM;
- 10. SHUT-OFF WATER, GAS, ELECTRICAL UTILITIES AS APPROPRIATE;
- 11. CALL 9-1-1 FOR PUBLIC EMERGENCY RESPONDER ASSISTANCE / MEDICAL AID;
- 12. NOTIFY AND EVACUATE PERSONS IN ALL THREATENED AREAS;
- 13. ACCOUNT FOR EVACUATED PERSONS IMMEDIATELY AFTER EVACUATION CALL;
- 14. PROVIDE PROTECTIVE EQUIPMENT FOR ON-SITE RESPONSE TEAM;
- 15. REMOVE OR ISOLATE CONTAINERS / AREA AS APPROPRIATE;
- 16. HIRE LICENSED HAZARDOUS WASTE CONTRACTOR;
- 17. USE ABSORBENT MATERIAL FOR SPILLS WITH SUBSEQUENT PROPER LABELING, STORAGE, AND HAZARDOUS WASTE DISPOSAL AS APPROPRIATE;
- 18. SUCTION USING SHOP VACUUM WITH SUBSEQUENT PROPER LABELING, STORAGE, AND HAZARDOUS WASTE DISPOSAL AS APPROPRIATE;
- 19. WASH / DECONTAMINATE EQUIPMENT W/ CONTAINMENT and DISPOSAL OF EFFLUENT / RINSATE AS HAZARDOUS WASTE;
- 20. PROVIDE SAFE TEMPORARY STORAGE OF EMERGENCY-GENERATED WASTES;
- 21. OTHER (Specify):

D1.

D2.

E. FACILITY EVACUATION

THE FOLLOWING ALARM SIGNAL(S) WILL BE USED TO BEGIN EVACUATION OF THE FACILITY (CHECK ALL THAT APPLY):

- 1. BELLS;
- 2. HORNS/SIRENS;
- 3. VERBAL (i.e., SHOUTING);
- 4. OTHER (Specify): UHF radio transmissions

E1.

E2.

THE FOLLOWING LOCATION(S) IS/ARE EVACUEE EMERGENCY ASSEMBLY AREA(S) (i.e., Front parking lot, specific street corner, etc.)

E3.

Parking lot outside of ground floor for evauation of ground floor. Parking lot outside of main office lobby for evacuation of second and third floors of the E

Note: The Emergency Coordinator must account for all on site employees and/or site visitors after evacuation.

- EVACUATION ROUTE MAP(S) POSTED AS REQUIRED

E4.

Note: The map(s) must show primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas, and must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

F. ARRANGEMENTS FOR EMERGENCY SERVICES

Explanation of Requirement: Advance arrangements with local fire and police departments, hospitals, and/or emergency services contractors should be made as appropriate for your facility. You may determine that such arrangements are not necessary.

ADVANCE ARRANGEMENTS FOR LOCAL EMERGENCY SERVICES (Check one of the following)

F1.

- 1. HAVE BEEN DETERMINED NOT NECESSARY; *or*
- 2. THE FOLLOWING ARRANGEMENTS HAVE BEEN MADE (Specify):

F2.

Thr Fire Department will be contacted via non emergency dispatch or via 911 if necessary. The District will utilize an environmental services contractor to address post response spill/release cleanup and disposal as appropriate.

G. EMERGENCY EQUIPMENT

Check all boxes that apply to list emergency response equipment available at the facility and identify the location(s) where the equipment is kept and the equipment's capability, if applicable. [e.g., CHEMICAL PROTECTIVE GLOVES | Spill response kit | One time use, Oil & solvent resistant only.]

TYPE	EQUIPMENT AVAILABLE ^{G1.}	LOCATION	CAPABILITY (If applicable)
Safety and First Aid	1. <input checked="" type="checkbox"/> CHEMICAL PROTECTIVE SUITS, APRONS, OR VESTS	CSM Building 7 Facilities Maintenance C	G3.
	2. <input type="checkbox"/> CHEMICAL PROTECTIVE GLOVES	CSM Building 7 Facilities Maintenance C	G5.
	3. <input type="checkbox"/> CHEMICAL PROTECTIVE BOOTS	CSM Building 7 Facilities Maintenance C	G7.
	4. <input type="checkbox"/> SAFETY GLASSES / GOGGLES / SHIELDS	CSM Building 7 Facilities Maintenance C	G9.
	5. <input type="checkbox"/> HARD HATS	CSM Building 7 Facilities Maintenance C	G11.
	6. <input type="checkbox"/> CARTRIDGE RESPIRATORS	None	G13.
	7. <input type="checkbox"/> SELF-CONTAINED BREATHING APPARATUS (SCBA)	None	G15.
	8. <input type="checkbox"/> FIRST AID KITS / STATIONS	District Office: One on every floor in cop	G17.
	9. <input type="checkbox"/> PLUMBED EYEWASH FOUNTAIN / SHOWER	District Office Ground Floor Restrooms	G19.
	10. <input checked="" type="checkbox"/> PORTABLE EYEWASH KITS	CSM Building 7 Facilities Maintenance C	G21. One time use
	11. <input type="checkbox"/> OTHER		G23.
	12. <input type="checkbox"/> OTHER		G25.
Fire Fighting	13. <input checked="" type="checkbox"/> PORTABLE FIRE EXTINGUISHERS	District Office: at least one on every floo	G27.
	14. <input checked="" type="checkbox"/> FIXED FIRE SYSTEMS / SPRINKLERS / FIRE HOSES		G29.
	15. <input checked="" type="checkbox"/> FIRE ALARM BOXES OR STATIONS		G31.
	16. <input type="checkbox"/> OTHER		G33.
Spill Control and Clean-Up	17. <input checked="" type="checkbox"/> ALL-IN-ONE SPILL KIT	CSM Building 7 Facilities Maintenance C	G35.
	18. <input checked="" type="checkbox"/> ABSORBENT MATERIAL	CSM Building 7 Facilities Maintenance C	G37.
	19. <input checked="" type="checkbox"/> CONTAINER FOR USED ABSORBENT	CSM Building 7 Facilities Maintenance C	G39.
	20. <input type="checkbox"/> BERMING / DIKING EQUIPMENT		G41.
	21. <input checked="" type="checkbox"/> BROOM	CSM Building 7 Facilities Maintenance C	G43.
	22. <input checked="" type="checkbox"/> SHOVEL	CSM Building 7 Facilities Maintenance C	G45.
	23. <input checked="" type="checkbox"/> SHOP VAC	CSM Building 7 Facilities Maintenance C	G47.
	24. <input type="checkbox"/> EXHAUST HOOD		G49.
	25. <input type="checkbox"/> EMERGENCY SUMP / HOLDING TANK		G51.
	26. <input type="checkbox"/> CHEMICAL NEUTRALIZERS		G53.
	27. <input type="checkbox"/> GAS CYLINDER LEAK REPAIR KIT		G55.
	28. <input type="checkbox"/> SPILL OVERPACK DRUMS		G57.
	29. <input type="checkbox"/> OTHER		G59.
Communications and Alarm Systems	30. <input checked="" type="checkbox"/> TELEPHONES (Includes cellular)	District Office and CSM Throughout the	G61.
	31. <input checked="" type="checkbox"/> INTERCOM / PA SYSTEM	EAS system: District Office and CSM Th	G63.
	32. <input checked="" type="checkbox"/> PORTABLE RADIOS	Issued to District Office and CSM Admir	G65.
	33. <input checked="" type="checkbox"/> AUTOMATIC ALARM CHEMICAL MONITORING EQUIPMENT	Fuel tank is tied into the Building Manag	G67.
Other	34. <input type="checkbox"/> OTHER		G69.
	35. <input type="checkbox"/> OTHER		G71.

H. EARTHQUAKE VULNERABILITY

Identify areas of the facility that are vulnerable to hazardous materials releases / spills due to earthquake-related motion. These areas require immediate isolation and inspection.

VULNERABLE AREAS: (Check all that apply)	H1.	LOCATIONS (e.g., shop, outdoor shed, forensic lab)	
<input checked="" type="checkbox"/> 1. HAZARDOUS MATERIALS / WASTE STORAGE AREA		District Office generator fuel tank could rupture in an extreme e	H2.
<input type="checkbox"/> 2. PROCESS LINES / PIPING			H3.
<input type="checkbox"/> 3. LABORATORY			H4.
<input type="checkbox"/> 4. WASTE TREATMENT AREA			H5.

Identify mechanical systems vulnerable to releases / spills due to earthquake-related motion. These systems require immediate isolation and inspection.

VULNERABLE SYSTEMS: (Check all that apply)	H6.	LOCATIONS	
<input type="checkbox"/> 1. SHELVES, CABINETS AND RACKS			H7.
<input type="checkbox"/> 2. TANKS (EMERGENCY SHUTOFF)			H8.
<input type="checkbox"/> 3. PORTABLE GAS CYLINDERS			H9.
<input type="checkbox"/> 4. EMERGENCY SHUTOFF AND/OR UTILITY VALVES			H10.
<input checked="" type="checkbox"/> 5. SPRINKLER SYSTEMS		Throughout the District Office	H11.
<input type="checkbox"/> 6. STATIONARY PRESSURIZED CONTAINERS (e.g., Propane dispensing tank)			H12.

I. EMPLOYEE TRAINING

Explanation of Requirement: Employee training is required for all employees handling hazardous materials and hazardous wastes in day-to-day or clean-up operations including volunteers and/or contractors. Training must be:

- Provided within 6 months for new hires;
- Amended as necessary prior to change in process or work assignment;
- Given upon modification to the Emergency Response / Contingency Plan, and updated/refreshed annually for all employees.

Required content includes all of the following:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Material Safety Data Sheets; | <input checked="" type="checkbox"/> Communication and alarm systems; |
| <input checked="" type="checkbox"/> Hazard communication related to health and safety; | <input checked="" type="checkbox"/> Personal protective equipment; |
| <input checked="" type="checkbox"/> Methods for safe handling of hazardous substances; | <input checked="" type="checkbox"/> Use of emergency response equipment (e.g. Fire extinguishers, respirators, etc.); |
| <input checked="" type="checkbox"/> Fire hazards of materials / processes; | <input checked="" type="checkbox"/> Decontamination procedures; |
| <input checked="" type="checkbox"/> Conditions likely to worsen emergencies; | <input checked="" type="checkbox"/> Evacuation procedures; |
| <input checked="" type="checkbox"/> Coordination of emergency response; | <input checked="" type="checkbox"/> Control and containment procedures; |
| <input checked="" type="checkbox"/> Notification procedures; | <input checked="" type="checkbox"/> UST monitoring system equipment and procedures (if applicable). |
| <input checked="" type="checkbox"/> Applicable laws and regulations; | |

INDICATE HOW EMPLOYEE TRAINING PROGRAM IS ADMINISTERED (Check all that apply) 11.

- 1. FORMAL CLASSROOM; 2. VIDEOS; 3. SAFETY / TAILGATE MEETINGS; 12.
- 4. STUDY GUIDES / MANUALS (Specify): _____ 13.
- 5. OTHER (Specify): _____
- 6. NOT APPLICABLE BECAUSE FACILITY HAS NO EMPLOYEES

Large Quantity Generator (LQG) Training Records: Large quantity hazardous waste generators (i.e., who generate more than 270 gallons/1,000 kilograms of hazardous waste per month) must retain written documentation of employee hazardous waste management training sessions which includes:

- A written outline/agenda of the type and amount of both introductory and continuing training that will be given to persons filling each job position having responsibility for the management of hazardous waste (e.g., labeling, manifesting, compliance with accumulation time limits, etc.).
- The name, job title, and date of training for each hazardous waste management training session given to an employee filling such a job position; and
- A written job description for each of the above job positions that describes job duties and the skills, education, or other qualifications required of personnel assigned to the position.
- Current employee training records must be retained until closure of the facility.
- Former employee training records must be retained at least three years after termination of employment.

J. LIST OF ATTACHMENTS

(Check one of the following) J1.

- 1. NO ATTACHMENTS ARE REQUIRED; *or* J2.
- 2. THE FOLLOWING DOCUMENTS ARE ATTACHED:

K. SIGNATURE / CERTIFICATION

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, and that a copy is available on site.

SIGNATURE OF OWNER/OPERATOR	DATE SIGNED	K1.
	01/07/2015	
NAME OF SIGNER (print)	TITLE OF SIGNER	K3.
Michele Rudovsky	Facilities Manager	

EMPLOYEE TRAINING PLAN

1. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) SMC COMMUNITY COLLEGE DISTRICT		FACILITY ID FA0046871
ADDRESS	3401 CSM DR	

2. TRAINING FOR PERSONNEL

Not applicable because facility has no employees

Personnel are trained in the following procedures:

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

3. TRAINING FOR CHEMICAL HANDLERS

Chemical Handlers are additionally trained in the following:

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

4. EMERGENCY RESPONSE TEAM

Members are capable of and engaged in the following:

Complete this section only if you have an in-house emergency response team

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

5. RECORD KEEPING


The following records are maintained at the facility (Check all that apply).


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

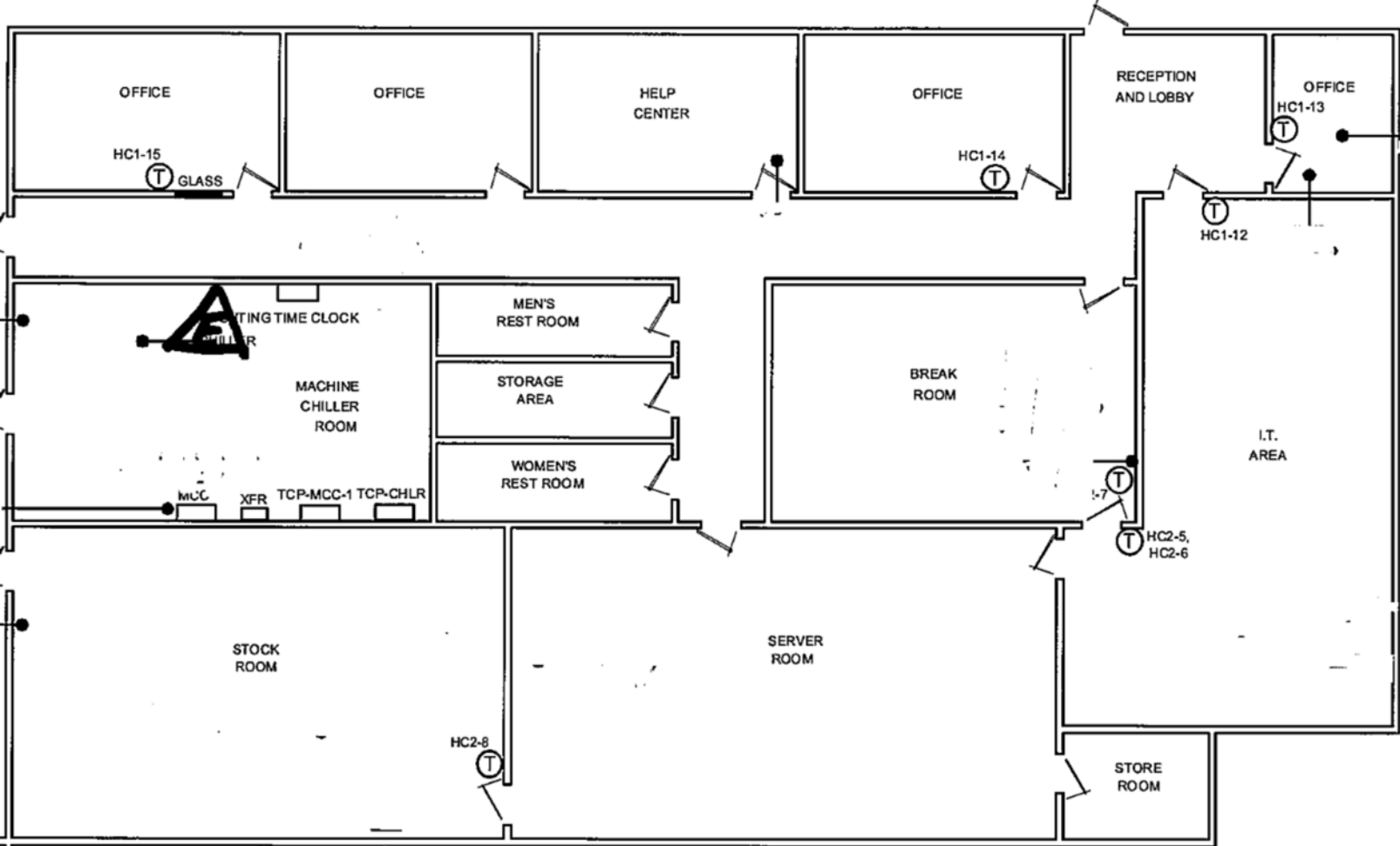
<input checked="" type="checkbox"/>	Current employees training records (to be retained until closure of the facility)
<input checked="" type="checkbox"/>	Former employees' training records (to be retained at least three years after termination of employment)
<input checked="" type="checkbox"/>	Training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



GENERATOR

 NATURAL GAS MAIN SHUT OFF

 ELECTRICAL MAIN SHUT OFF



A ELECTRICAL MAIN SHUT OFF

