



UNIFIED PROGRAM CONSOLIDATED FORM

**CITY OF ANAHEIM FIRE DEPARTMENT
ENVIRONMENTAL PROTECTION SECTION**

201 S. ANAHEIM BOULEVARD, SUITE 300, ANAHEIM, CA 92805
PHONE: (714) 765-4050 FAX: (714) 765-4608

SPECIAL WASTE GENERATOR CONTINGENCY PLAN

A. General Information

This form is to be completed and returned to the City of Anaheim Fire Department (CUPA) if your facility has hazardous waste and none of the individual hazardous waste quantities equals or exceeds 55 gallons for liquids, 500 pounds for solids, or 200 kilograms. If, at any time, any of your individual hazardous waste quantities equals or exceeds the above amounts, a Hazardous Materials Business Plan (HMBP) may be required (pursuant to Chapter 6.95 of the California Health & Safety Code). If you must submit a HMBP, this special generator form is not required.

B. Facility Information

Business Name:		Type of Business:	
Site Address:		City: ANAHEIM	Zip Code:
Mailing/Billing Address: (if different from site address)		City:	Zip Code:
Business Owner/Contact Person:		Phone Number:	
Property Owner:		Phone Number:	
EPA ID Number:		SIC Code:	

C. Hazardous Waste Inventory Information

Complete the table below for all waste inventories. Use additional pages if needed.

State/EPA Waste Code	Name of Hazardous Waste	Treatment/Disposal Method(s) (Definitions provided on bottom of page)	Max. Qty. (At any one time)	Annual Qty. Generated	Location(s) Refer to Site Map
		<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	<input type="checkbox"/> Kg. <input type="checkbox"/> Gal. <input type="checkbox"/> Lbs.	<input type="checkbox"/> Kg. <input type="checkbox"/> Gal. <input type="checkbox"/> Lbs.	
		<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	<input type="checkbox"/> Kg. <input type="checkbox"/> Gal. <input type="checkbox"/> Lbs.	<input type="checkbox"/> Kg. <input type="checkbox"/> Gal. <input type="checkbox"/> Lbs.	
		<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal	<input type="checkbox"/> Kg. <input type="checkbox"/> Gal. <input type="checkbox"/> Lbs.	<input type="checkbox"/> Kg. <input type="checkbox"/> Gal. <input type="checkbox"/> Lbs.	
<input type="checkbox"/> Check if N/A	NOTE : APPLIES ONLY TO PHOTOGRAPHIC WASTE GENERATOR				
541	Fixer and or developer liquid waste containing silver	<input type="checkbox"/> Recycle (fixer shipped off-site for recycling) <input type="checkbox"/> Treated, then sewer (sludge sent off for further reclamation)	<input type="checkbox"/> Kg. <input type="checkbox"/> Gal. <input type="checkbox"/> Lbs.	<input type="checkbox"/> Kg. <input type="checkbox"/> Gal. <input type="checkbox"/> Lbs.	
171	Sludge containing silver generated from the treatment of fixer solution	<input type="checkbox"/> Recycle (fixer shipped off-site for recycling) <input type="checkbox"/> Treated, then sewer (sludge sent off for further reclamation)	<input type="checkbox"/> Kg. <input type="checkbox"/> Gal. <input type="checkbox"/> Lbs.	<input type="checkbox"/> Kg. <input type="checkbox"/> Gal. <input type="checkbox"/> Lbs.	

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
NAME OF SIGNER (print)	136	TITLE OF SIGNER	

EMERGENCY RESPONSE PROCEDURES

1. EVACUATION PROCEDURES:

Notify employees to evacuate by shouting or fire alarm. Employees will exit through nearest exit door. Refer to evacuation map. Emergency Coordinator will be available to assist emergency responders.

2. NOTIFICATION PROCEDURES:

In an event of a release or threatened release of a hazardous material the following agencies are to be notified.

- a. Local Emergency Response Agencies **911**
- b. Anaheim Fire Department **(714) 765-4050**
- c. State Office of Emergency Services **(800) 852-7550 or (916) 845-8911**

3. EMERGENCY PROCEDURES:

Main concerns: **FIRE** AND **CHEMICAL SPILL**

If there is a fire or medical attention is needed, call **911**.

Fire – Employees will notify local Fire Department. If safe, mechanics will shut off power and attempt to control fire using fire extinguishers.

If a volatile, flammable material is spilled, immediately warn everyone, control sources of ignition and ventilate the area. Notify your Supervisor and Management of the accident as soon as possible.

Small Spill – Apply absorbent material to the affected areas and allow it to absorb the chemical.

Employees will use proper protective clothing and safety equipment. Waste will be placed in a labeled waste drum.

Large Spill – Employers will notify the Fire Department. Trained employees will use proper safety equipment and attempt to prevent spill from entering storm drain or running off site. If safe, a cleanup contractor will be called to remove spill as necessary.

4. EMPLOYEE TRAINING:

Training will be done annually and shall include topics in regards to:

- a. Procedures for handling hazardous materials, including hazardous wastes - hazardous waste storage, handling, and labeling. Review proper methods for all hazardous waste disposal and record keeping requirements, review MSDS and safety procedures for materials handling.
- b. Coordination with Emergency Response Agencies - review of emergency response plan and emergency notification procedures to ensure coordination with the local Fire Department, paramedics and clean up contractor.
- c. Use of emergency response equipment and materials under the business' control- annual inspection and maintenance of safety equipment such as fire extinguishers, eyewash stations, and review of procedures for proper use of safety and spill control equipment.
- d. Emergency Response Plan-review emergency response plan, evacuation procedures, location of emergency shut-off switches and specific responsibilities of all employees. Remind employees of the location of the emergency response contingency plan.

5. EMERGENCY EQUIPMENT:

	Describe Materials (Check only that applies)	Location or Area
PERSONAL PROTECTIVE & SAFETY EQUIPMENT	<input type="checkbox"/> Safety Glasses <input type="checkbox"/> Cartridge Respirators <input type="checkbox"/> Gloves <input type="checkbox"/> SCBA (Self-Contained Breathing Apparatus) <input type="checkbox"/> Coats <input type="checkbox"/> Exhaust Hoods <input type="checkbox"/> Chemical Suits <input type="checkbox"/> First Aid Stations <input type="checkbox"/> Boots <input type="checkbox"/> Chemical Antidote <input type="checkbox"/> Hard Hats <input type="checkbox"/> Other: _____ <input type="checkbox"/> First Aid Kits	
EMERGENCY RESPONSE EQUIPMENT	<input type="checkbox"/> "Ultrasorb" absorbent material <input type="checkbox"/> Fire Extinguishers (Type A, B, C, D) <input type="checkbox"/> Metal Scoop or Dust Pan <input type="checkbox"/> Fire Hose <input type="checkbox"/> Broom or Brush <input type="checkbox"/> Chemical Monitoring Equipment <input type="checkbox"/> Chemical Waste Bags <input type="checkbox"/> Chemical Alarm /Bells <input type="checkbox"/> Eye Wash, Safety Showers <input type="checkbox"/> Other: _____	
COMMUNICATIONS EQUIPMENT	<input type="checkbox"/> Alarms <input type="checkbox"/> Verbal <input type="checkbox"/> Phone / cell / Portable Radio (s) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Intercom	
STRUCTURAL EQUIPMENT	<input type="checkbox"/> Berms and Dikes <input type="checkbox"/> Tanks (Emergency) <input type="checkbox"/> Containment (secondary) <input type="checkbox"/> Other: _____	

EMERGENCY PROCEDURES

Post near telephones and as appropriate

In case of a fire, spill, or other emergency involving hazardous chemicals or wastes, do the following:

Major Emergency

- ⇒ Evacuate the affected areas per the facility Evacuation Plan
- ⇒ **Call 911** and report the emergency
- ⇒ Report the emergency to the facility Emergency Coordinator

Minor Emergency

- ⇒ Try to control the emergency if you are trained to do so and can do it safely
- ⇒ Report the emergency to the facility Emergency Coordinator

Facility Emergency Coordinators (EC)

Name	Work Phone	24 Hour Phone
Primary EC:		
Alternate EC:		

Emergency Agencies

Agency	Phone No.
Fire Department, Ambulance, Police	911
Governor's Office of Emergency Services	(800) 852-7550
Anaheim Fire Department (Local CUPA Agency)	(714) 765-4050

Emergency Equipment

Locations of fire extinguishers, fire alarms (if any), and equipment for controlling chemical spills are shown on the facility site plan posted with this notice.

This document is only a summary of emergency procedures. Refer to this facility's written emergency response plan for detailed procedures.






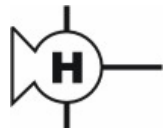
















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SPECIAL WASTE GENERATOR CONTINGENCY PLAN

SYMBOLS

 <p>FC</p>	 <p>S</p>	 <p>1 E 5</p>	 <p>H</p>
<p>Fire Control Room</p>  <p>TC</p>	<p>Sewer Manhole</p>  <p>Storm Drain</p>	<p>Elevator</p>  <p>1 5</p>	<p>Hydrant</p>  <p>SS</p>
<p>Tank Monitoring</p>  <p>W</p>	<p>Storm Drain</p>  <p>KB</p>	<p>Stairs</p>  <p>Door</p>	<p>Sprinkler Connection</p>  <p>SP</p>
<p>Water Main</p>  <p>G</p>	<p>Knox Box</p>  <p>Hazardous Materials</p>	<p>Door</p>  <p>5000</p>	<p>Standpipe</p>  <p>Railroad</p>
<p>Gas Main</p>  <p>E</p>	<p>Hazardous Materials</p>  <p>Safe Refuge Area</p>	<p>Aboveground Tank</p>  <p>5000</p>	<p>Fences</p>  <p>North Arrow</p>
<p>Electrical</p>			



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SPECIAL WASTE GENERATOR CONTINGENCY PLAN

SITE MAP

BUSINESS NAME:

SITE ADDRESS:

CITY:

ANAHEIM

ZIP CODE:

DATE MAP DRAWN

MAP #

FACILITY ID #:

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