

ALHAMBRA FIRE DEPARTMENT – PARTICIPATING AGENCY

Under Los Angeles County – Certified Unified Program Agency (CUPA)

CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

FACILITY IDENTIFICATION			
BUSINESS NAME		3	FACILITY ID # 1
SITE ADDRESS	103	CITY 104	ZIP CODE 105
		ALHAMBRA	

The Consolidated Contingency Plan provides businesses with a format to comply with the emergency planning requirements in California for Hazardous Materials Business Plans (H&SC 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).

The 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 must be completed for your facility. If you are unsure as to which programs your facility is subject to, refer back to the Business Activities page.

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

ADVISORY

This site-specific Contingency Plan is the facility's plan for dealing with emergencies *and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials, which could threaten human health and/or the environment.* The Contingency/Business Plan shall be reviewed, and immediately amended, whenever:

- ❖ the plan fails in an emergency,
- ❖ the facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- ❖ the list of emergency coordinators changes, or
- ❖ the list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

A copy of this plan shall be submitted to Alhambra Fire Department 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 fire department.

Describe where a copy of your Contingency/Business Plan, Chemical Inventory of Hazardous Materials, and Site Map(s) is(are) located at your business:

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.	
Print Name of Owner/Operator	Title of Owner/Operator
Signature of Owner/Operator	Date

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**SECTION I
BUSINESS PLAN AND CONTINGENCY PLAN**

FACILITY IDENTIFICATION			
BUSINESS NAME	3	FACILITY ID # 1	
SITE ADDRESS	103	CITY	104
		ZIP CODE	105
EMERGENCY CONTACTS			
PRIMARY		SECONDARY	
NAME	123	NAME	128
TITLE	124	TITLE	129
BUSINESS PHONE	125	BUSINESS PHONE	130
24-HOUR PHONE	126	24-HOUR PHONE	131
PAGER #	127	PAGER #	132
EMERGENCY RESPONSE PLANS AND PROCEDURES			
<p>NOTIFICATIONS: Your business is required by State Law to <i>provide an immediate verbal report of any release or threatened release of a hazardous material</i> to local emergency response personnel, the CUPA, and the Office of Emergency Services. IF YOU HAVE A RELEASE OR THREATENED RELEASE OF HAZARDOUS MATERIALS, IMMEDIATELY CALL: FIRE/PARAMEDICS/POLICE PHONE: 9-1-1</p>			
<p>AFTER the local emergency response personnel are notified, you shall then notify the CUPA and Office of Emergency Services. CUPA – Los Angeles County Fire Dept. (323) 890-4045 State Office of Emergency Service: (800) 852-7550 or (916) 262-1621 National Response Center: (800) 424-8802</p>			
<p align="center">INFORMATION TO BE PROVIDED DURING NOTIFICATION:</p> <ul style="list-style-type: none"> ❖ 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 			
<p>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.</p>			
HOSPITAL/CLINIC:		PHONE:	
ADDRESS:			
STATE:		ZIP CODE:	

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*** Private On-Site Emergency Response Team ***

DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? Yes No

If yes, describe 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. PHONE:

NAME OF CONTRACTOR:

ADDRESS:

CITY: ZIP CODE:

*** 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 below:

*** Evacuation Plan ***

1. The following alarm signal(s) will be used to begin evacuation of the facility (*check all which apply*):

- Verbal Telephone (*including cellular*) Alarm System Public Address System Intercom
 Pagers Portable Radio Other (*specify*):

2. Evacuation map is prominently displayed throughout the facility.

3. Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:

*** 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.

- Hazardous Waste/ Hazardous Materials Storage Areas Production Floor Process Lines
 Bench/ Lab Waste Treatment Other (*specify*):

Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

- Utilities Sprinkler Systems Cabinets Shelves
 Racks Pressure Vessels Gas Cylinders Tanks
 Process Piping Shutoff Valves Other: (*specify*):

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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.

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?

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?

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**SECTION I
BUSINESS PLAN AND CONTINGENCY PLAN**

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 (<i>describe</i>)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits (<i>describe</i>)		
	<input type="checkbox"/> Face Shields		
	<input type="checkbox"/> First Aid Kits/Stations (<i>describe</i>)		
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits (<i>i.e. bottle type</i>)		
	<input type="checkbox"/> Respirator Cartridges (<i>describe</i>)		
	<input type="checkbox"/> Safety Glasses/Splash Goggles		
	<input type="checkbox"/> Safety Showers		
Fire Extinguishing Systems	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
	<input type="checkbox"/> Other (<i>describe</i>)		
	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
Spill Control Equipment and Decontamination Equipment	<input type="checkbox"/> Fire Extinguisher Systems (<i>describe</i>)		
	<input type="checkbox"/> Other (<i>describe</i>)		
	<input type="checkbox"/> Absorbents (<i>describe</i>)		
	<input type="checkbox"/> Berms/Dikes (<i>describe</i>)		
	<input type="checkbox"/> Decontamination Equipment (<i>describe</i>)		
	<input type="checkbox"/> Emergency Tanks (<i>describe</i>)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinders Leak Repair Kits (<i>describe</i>)		
	<input type="checkbox"/> Neutralizers (<i>describe</i>)		
	<input type="checkbox"/> Overpack Drums		
Communications and Alarm Systems	<input type="checkbox"/> Sumps (<i>describe</i>)		
	<input type="checkbox"/> Other (<i>describe</i>)		
	<input type="checkbox"/> Chemical Alarms (<i>describe</i>)		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input type="checkbox"/> Telephones		
Additional Equipment (Use Additional Pages if Needed.)	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
	<input type="checkbox"/> Other (<i>describe</i>)		

* Use the Location Codes (LC) from the Storage 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.

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EMPLOYEE TRAINING PLAN

All facilities which handle hazardous materials **must have a WRITTEN** employee training plan. A blank plan has been provided for you to complete and submit. The items listed below are required per Health & Safety Code Section 25504 (c) and Title 19 Section 2732.

Facility Personnel are trained as follows:

- ❖ Familiarity with all plans and procedures specified in the Contingency Plan
- ❖ Methods for safe handling of hazardous materials
- ❖ Safety procedures in the event of a release or threatened release of a hazardous material
- ❖ Use of Emergency Response equipment and supplies under the control of the business
- ❖ Procedures for coordination with Local Emergency Response Organizations

Training SHALL be provided:

- ❖ Initially for ALL NEW EMPLOYEES
- ❖ Annually, including refresher course, for all employees

NOTE: These training programs may take into consideration the position of each employee.

Additional training should include:

- ❖ Internal alarm/notification procedures
- ❖ Evacuation/Re-entry procedures and assembly point locations
- ❖ Material Safety Data Sheets (MSDS) training, including specific hazards of each chemical to which employees may be exposed, including routes of exposure, i.e., inhalation, ingestion, absorption.

HAZARDOUS WASTE GENERATOR TRAINING

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also **required to document** training. The items below are required:

Employee Training:

- ❖ Facility personnel will successfully complete training within six months after the date of their employment or assignment to a facility or to a new position at a facility.
- ❖ Employees will not handle hazardous wastes without supervision until trained.

Training Documentation

The owner or operator must maintain the following documents and records at the facility:

- ❖ Job title for each position at the facility that is related to hazardous waste management and the name(s) of the employee(s) filling the position(s).
- ❖ Description for each position listed above (must include required skill, education, or other qualifications, as well as duties of employees assigned to the position.
- ❖ Description of *type and amount* of both introductory and continuing training given to each employee.
- ❖ Records that document the requirements for training or job experience have been met.
- ❖ Current employees' training records (to be retained until closure of the facility)
- ❖ Former employees' training records (to be retained at least three (3) years after termination of employment.

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EMPLOYEE TRAINING PLAN

All facilities which handle hazardous materials must have a written employee training plan. This plan has been provided below for you to complete and submit. Check all boxes which apply to your facility. If you would like to use your own plan, you may do so, as long as all of the required (*) elements are included in your plan.

NOTE: Items marked with an asterisk (*) are required.

1. **Personnel** are trained in the following procedures:

<input type="checkbox"/> Internal alarm/notification *
<input type="checkbox"/> Evacuation/Re-entry procedures and assembly point locations *
<input type="checkbox"/> Emergency incident reporting
<input type="checkbox"/> External emergency response organization notification
<input type="checkbox"/> Location(s) and contents of Contingency Plan
<input type="checkbox"/> Facility evacuation drills, which are conducted at least (<i>specify</i>) _____ (e.g., quarterly, monthly, etc.)

2. **Chemical Handlers** are additionally trained in the following:

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

3. **Emergency Response Team Members** are capable of and engaged in the following:

<input type="checkbox"/> Personnel rescue procedures
<input type="checkbox"/> Shutdown of operations
<input type="checkbox"/> Liaison with responding agencies
<input type="checkbox"/> Use, maintenance, and replacement of emergency response equipment
<input type="checkbox"/> Refresher training, which is provided at least annually *
<input type="checkbox"/> Emergency response drills, which are conducted at least (<i>specify</i>) _____ (e.g., quarterly, etc.)

Recordkeeping

All facilities which handle hazardous materials must maintain records associated with their management. A summary of your recordkeeping procedures is required. A blank summary has been provided below for you to complete and submit. Check all boxes which apply. The following records are maintained at the facility.

NOTE: Items marked with an asterisk (*) are required.

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

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

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SITE MAP

BUSINESS NAME			3			
SITE ADDRESS		103	CITY	104	ZIP CODE	105
DATE MAP DRAWN		MAP #		FACILITY ID #		1

	A	B	C	D	E	F	G	H	I	J
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

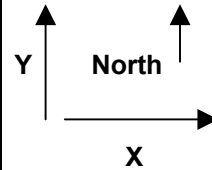
For Site Map

- Scale of Map
- Loading areas
- Parking Lot(s)
- Internal Roads
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets & Alleys
- Access & Egress Points and Roads
- Primary and Alternate Evacuation Routes

For Sub-Site Map

- Scale of Map
- Location of Each Storage Area
- Location of Each Hazardous Handling Area
- Location of Emergency Response Equipment

Scale: 1" = _____ Feet



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