



Office of the State Fire Marshal
Unified Program Agency Facility File Review Checklist
Hazardous Materials Management Plan and Hazardous Materials Inventory Statements

Unified Program Agency: _____

Dates of Evaluation: _____ Evaluator: _____

Facility File Name: _____

Facility Address: _____ City: _____

HMBP Components in Electronic Format (CERS or other portal) (check all that apply)

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|--|---|---|
| <input type="checkbox"/> Business Activities | <input type="checkbox"/> Hazardous Materials Inventory | <input type="checkbox"/> Employee Training Plan/Program |
| <input type="checkbox"/> Owner/Operator ID | <input type="checkbox"/> Emergency Response Plan & Procedures | <input type="checkbox"/> Site Map/Facility Plan |

<p>Business Activities Form version & date: Preparation Date (w/in last 3 yrs?): <input type="checkbox"/> Identification & Declaration <input type="checkbox"/> Additional local requirements</p> <p>Business Owner/Operator ID Form version & date: Preparation Date (w/in last 3 yrs?): <input type="checkbox"/> Identification <input type="checkbox"/> Business Owner <input type="checkbox"/> Environmental Contact <input type="checkbox"/> Emergency Contacts <input type="checkbox"/> Additional locally collected information</p> <p>Hazardous Materials Inventory – Chemical Description Form version & date: Preparation Date (w/in last 3 yrs?): <i>Facility Information</i> <input type="checkbox"/> Business Name & Chemical Location <i>Chemical Information</i> <input type="checkbox"/> Chemical/Common Name <input type="checkbox"/> CAS # <input type="checkbox"/> Trade Secret, EHS, EPCRA <input type="checkbox"/> Fire Code Hazard Class <input type="checkbox"/> HazMat Type, Physical State, Fed. Hazard Categories <input type="checkbox"/> Ave./Max. Daily Amounts <input type="checkbox"/> Annual Waste Amt./State Waste Code <input type="checkbox"/> Storage Container, Largest Container <input type="checkbox"/> Storage Pressure/Temperature <input type="checkbox"/> Hazardous Component (Mixture/Waste) <input type="checkbox"/> Additional locally collected information</p> <p>Annual Certification of No Change</p> <p>3-year Review of Business Plan</p>	<p>Emergency Response Plans & Procedures Preparation Date (w/in last 3 yrs?): <input type="checkbox"/> Emergency Notification/Communication/Numbers: Local Emergency Response, UPA, Cal EMA/Emergency Coordinators & Onsite Technical Advisors &/or Internal Response <input type="checkbox"/> Local Medical Assistance <input type="checkbox"/> Mitigation/Prevention/Abatement of Hazards: Emergency Containments, Clean Up Procedures, Emergency Equipment <input type="checkbox"/> Notification/Evacuation of Facility <input type="checkbox"/> Areas/systems requiring immediate inspection or isolation due to earthquake vulnerability</p> <p>Employee Training Plan Preparation Date (w/in last 3 yrs?): <input type="checkbox"/> Safe handling, coordination w/ emergency response, use of emergency response equipment/supplies <input type="checkbox"/> Training in Emergency Response Procedures <input type="checkbox"/> Frequency: Initial & Refresher</p> <p>Site Map Preparation Date (w/in last 3 yrs?): <input type="checkbox"/> Confidentiality <input type="checkbox"/> Scale <input type="checkbox"/> Site Orientation <input type="checkbox"/> Loading Areas <input type="checkbox"/> Internal Roads <input type="checkbox"/> Storm & sewer drains <input type="checkbox"/> Adjacent property use <input type="checkbox"/> Locations & names of adjacent streets & alleys <input type="checkbox"/> Access & egress points & roads</p> <p>Facility Plan Preparation Date (w/in last 3 yrs?): <input type="checkbox"/> Scale <input type="checkbox"/> Storage area location <input type="checkbox"/> Hazardous material handling area location <input type="checkbox"/> Emergency response equipment location</p>
<p>Inspection Date (w/in last 3 yrs?): Violations classified? Minor violation(s): Class II violation(s): Class I violation(s):</p>	<p>Enforcement Date RTC achieved: Informal enforcement: Formal enforcement: Status:</p>

Unified Program Agency: _____

Facility File Name: _____ City: _____

Other Program Element(s) (circle all that apply)

CalARP UST APSA/SPCC HWG RCRA LQG
TP [PBR CA CE HHW] CESQG Universal Waste / Silver-Only

Other, such as toxic gas or hazardous materials less than business plan threshold (describe): _____

<p>Permit</p> <input type="checkbox"/> Consolidated UP facility permit issued <input type="checkbox"/> Issue date <input type="checkbox"/> Expiration date <input type="checkbox"/> Terms and conditions (for UST &/or PBR)	<p>Single Fee</p> <input type="checkbox"/> State surcharge assessed <input type="checkbox"/> E-reporting surcharge assessed
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Additional Notes, Comments, and/or Observations

2010 California Fire Code Chapter 27 – Hazardous Materials-General Provisions

Section 2701.5.1 Hazardous Materials Management Plan (HMMP). Where required by the fire code official, an application for a permit shall include an HMMP. The HMMP shall include a facility site plan designating the following:

1. Access to each storage and use area.
2. Location of emergency equipment.
3. Location where liaison will meet emergency responders.
4. Facility evacuation meeting point locations.
5. The general purpose of other areas within the building.
6. Location of all above-ground and underground tanks and their appurtenances including, but not limited to, sumps, vaults, below-grade treatment systems and piping.
7. The hazard classes in each area.
8. Locations of all control areas and Group H occupancies.
9. Emergency exits.

The HMMP shall comply with Health and Safety Code, Chapter 6.95, Sections 25500 through 25545, and Title 19, Division 2, Chapter 4.

Section 2701.5.2 Hazardous Materials Inventory Statement (HMIS). Where required by the fire code official, an application for a permit shall include an HMIS, such as the Superfund Amendments and Reauthorization Act of 1986 Title III (SARA), Tier II Report, or other approved statement. The HMIS shall include the following information:

1. Product name.
2. Component.
3. Chemical Abstract Service (CAS) number.
4. Location where stored or used.
5. Container size.
6. Hazard classification.
7. Amount in storage.
8. Amount in use-closed systems.
9. Amount in use-open systems.

The HMIS shall comply with Health and Safety Code, Chapter 6.95, Sections 25500 through 25545, and Title 19, Division 2, Chapter 4.