

***SAMPLE***

# 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.**

06/12/03

# SAMPLE

## UNIFIED PROGRAM (UP) FORM BUSINESS ACTIVITIES

### I. FACILITY IDENTIFICATION

FACILITY ID #		EPA ID # (Hazardous Waste Only)	2
<b>Official use</b>		<b>CAL 00000000</b>	

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)	3
<b>My company</b>	

### 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 UP FORM....
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<b>A. HAZARDOUS MATERIALS</b> 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   4	4 HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION 4 CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) 4 TRAINING PLAN
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<b>B. UNDERGROUND STORAGE TANKS (USTs)</b> 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs?  3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   5  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   6  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   7	4 UST FACILITY 4 UST TANK (one page per tank)  4 UST FACILITY 4 UST TANK (one per tank) 4 UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) 4 UST TANK (closure portion –one page per tank)
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<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   8	NO FORM REQUIRED TO CUPAs
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<b>D. HAZARDOUS WASTE</b> 1. Generate hazardous waste?  2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? 3. Treat hazardous waste on site?  4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site?  6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   9  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   11  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   14	4 EPA ID NUMBER – provide at the top of this page. 4 As a generator, answer YES to Item E2b and complete Waste Generator Form.  4 RECYCLABLE MATERIALS REPORT 4 ONSITE HAZARDOUS WASTE TREATMENT – FACILITY 4 ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) 4 CERTIFICATION OF FINANCIAL ASSURANCE 4 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION 4 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
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### E. LOCAL REQUIREMENTS 15

<b>1. REGULATED SUBSTANCES</b>		
Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP) ?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   15a	In addition to Hazardous Materials requirements, complete: 4 Regulated Substance Registration 4 Risk Management Plan (when required)

<b>2. OTHER REQUIREMENTS</b>		
a. Have hazardous materials stored on site at or above a threshold amount established by a CUPA's or PA's local ordinance?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   15b	4 Consult local CUPA or PA for added reporting requirements.
b. Required by a CUPA or PA to provide other information?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   15c	4 Waste Generator Form (LA County)

<b>OFFICIAL USE ONLY</b>	UP Form	HW	HM	ARP	AST	UST	TP	CUPA	PA
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# SAMPLE

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

NEW BUSINESS  OUT OF BUSINESS  REVISE/UPDATE (EFFECTIVE / / ) PAGE OF

### I. IDENTIFICATION

FACILITY ID# <b>Official use only</b>										1	BEGINNING DATE <sup>100</sup> <b>2003/01/01</b>	ENDING DATE <sup>101</sup> <b>2003/12/31</b>	101
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) <sup>3</sup> <b>My Company</b>										BUSINESS PHONE <sup>102</sup> <b>(000) 000-0000</b>			
BUSINESS SITE ADDRESS <sup>103</sup> <b>123 Any Street</b>													
CITY <sup>104</sup> <b>Any Town</b>										CA <sup>104</sup>	ZIP CODE <sup>105</sup> <b>90000</b>		
DUN & BRADSTREET <sup>106</sup>										SIC CODE (4 digit #) <sup>107</sup> <b>0000</b>			
COUNTY LOS ANGELES <sup>108</sup>										UNINCORPORATED <input type="checkbox"/> Yes <input type="checkbox"/> No <sup>133a.</sup>			
BUSINESS OPERATOR NAME <sup>109</sup> <b>John Smith</b>										BUSINESS OPERATOR PHONE <sup>110</sup> <b>(111) 111-1111</b>			

### II. BUSINESS OWNER

OWNER NAME <sup>111</sup> <b>John Smith</b>	OWNER PHONE <sup>112</sup> <b>(111) 111-1111</b>
OWNER MAILING ADDRESS <sup>113</sup> <b>456 Other Street</b>	
CITY <sup>114</sup> <b>Any Town</b>	STATE CA <sup>115</sup> ZIP CODE <b>90000</b> <sup>116</sup>

### III. ENVIRONMENTAL CONTACT

CONTACT NAME <sup>117</sup> <b>S.A.A.</b>	CONTACT PHONE <sup>118</sup> <b>S.A.A.</b>
CONTACT MAILING ADDRESS <sup>119</sup> <b>S.A.A.</b>	
CITY <sup>120</sup> <b>S.A.A.</b>	STATE CA <sup>121</sup> ZIP CODE <b>S.A.A.</b> <sup>122</sup>

### IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME <sup>123</sup> <b>John Smith</b>	NAME <sup>128</sup> <b>Jane Smith</b>
TITLE <sup>124</sup> <b>Owner and Operator</b>	TITLE <sup>129</sup> <b>Manager</b>
BUSINESS PHONE <sup>125</sup> <b>(000) 000-0000</b>	BUSINESS PHONE <sup>130</sup> <b>(000) 000-0000</b>
24-HOUR PHONE <sup>126</sup> <b>(111) 111-1111</b>	24-HOUR PHONE <sup>131</sup> <b>(333) 333-3333</b>
PAGER # <sup>127</sup> <b>(222) 222-2222</b>	PAGER # <sup>132</sup> <b>(444) 444-4444</b>

### V. ADDITIONAL LOCALLY COLLECTED INFORMATION

NUMBER OF EMPLOYEES <b># of employees here</b> <sup>133b</sup>	FEDERAL TAX IDENTIFICATION NUMBER Federal Tax ID here <sup>133c</sup>		
MAILING/ BILLING INFORMATION			
ADDRESS <sup>133d</sup> <b>123 Any Street</b>	CITY <sup>133e</sup> <b>Any Town</b>	STATE <sup>133f</sup> <b>CA</b>	ZIP CODE <sup>133g</sup> <b>90000</b>
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 <b>Signature Here</b>	DATE <sup>134</sup> <b>2003/01/01</b>	NAME OF DOCUMENT PREPARER <sup>135</sup> <b>John Smith</b>	
NAME OF SIGNER (print) <sup>136</sup> <b>John Smith</b>	TITLE OF SIGNER <sup>137</sup> <b>Owner and Operator</b>		

<b>OFFICIAL USE ONLY</b>	UP Form	HW	HM	ARP	AST	UST	TP	CUPA	PA
INSPECTOR	DISTRICT	DATE OF INSPECTION	DIVISION	BATTALION	STATION				

# SAMPLE

## Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

### COVER PAGE

FACILITY IDENTIFICATION			
BUSINESS NAME		3	FACILITY ID # 1
<b>My Company</b>			<b>Official use</b>
SITE ADDRESS	103	CITY	104
<b>123 Any Street</b>		<b>Any Town</b>	ZIP CODE 105
			<b>90000</b>

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:

- ⊖ Hazardous Materials Business Plan (HSC 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).

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
<b>John Smith</b>	<b>Owner and Operator</b>
Signature of Owner/ Operator	Date
<b>Signature here</b>	<b>2003/01/01</b>

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 ONLY			DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	

# SAMPLE

## Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

### SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION			
BUSINESS NAME	3	FACILITY ID # 1	
<b>My Company</b>		<b>Official use</b>	
SITE ADDRESS	103	CITY	104
<b>123 Any Street</b>		<b>Any Town</b>	ZIP CODE 105
			<b>90000</b>
II. EMERGENCY CONTACTS			
PRIMARY		SECONDARY	
NAME	123	NAME	128
<b>John Smith</b>		<b>Jane Smith</b>	
TITLE	124	TITLE	129
<b>Owner and Operator</b>		<b>Manager</b>	
BUSINESS PHONE	125	BUSINESS PHONE	130
<b>(000) 000-0000</b>		<b>(000) 000-0000</b>	
24-HOUR PHONE	126	24-HOUR PHONE	131
<b>(111) 111-1111</b>		<b>(333) 333-3333</b>	
PAGER #	127	PAGER #	132
<b>(222) 222-2222</b>		<b>(444) 444-4444</b>	
III. EMERGENCY RESPONSE PLANS AND PROCEDURES			
A. Notifications			
Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call: FIRE/PARAMEDICS/POLICE/SHERIFF PHONE: 911			
<b>AFTER</b> the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services. LA. Co. Fire Dept. H.H.M.D. <b>(323) 890-4317</b> State Office of Emergency Service: <b>(800) 852-7550 or (916) 262-1621</b> National Response Center: <b>(800) 424-8802</b>			
Information to be provided during Notification:			
⊗ 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.			
B. 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			
HOSPITAL/CLINIC:	PHONE NO:		
<b>XYZ Medical Center</b>	<b>(911) 911-9111</b>		
ADDRESS:			
<b>911 Code Blue Street</b>			
CITY:	ZIP CODE:		
<b>Healthy Town</b>	<b>90000</b>		
OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY	

# SAMPLE

DIV	BN	STA	OTHER	DISTRICT	CUPA	PA
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## Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

### SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

<b>C. Private Emergency Response</b>	
<b>DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	
<b>CLEANUP/DISPOSAL CONTRACTOR</b> List the contractor that will provide cleanup services in the event of a release.	
NAME OF CONTRACTOR: <b>Cleanup Incorporated</b>	PHONE NO: <b>(777) 777-7777</b>
ADDRESS: <b>555 Any Street.</b>	
CITY: <b>Any Town</b>	ZIP CODE: <b>90000</b>
<b>D. Arrangements With Emergency Responders</b>	
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:  <b>My company has made arrangements with our medical provider, XYZ Medical Center to provide medical Care in the event of emergencies.</b>	
<b>E. Evacuation Plan</b>	
1. The following alarm signal(s) will be used to begin evacuation of the facility ( <i>check all which apply</i> ): <input checked="" type="checkbox"/> Verbal <input checked="" type="checkbox"/> Telephone ( <i>including cellular</i> ) <input checked="" type="checkbox"/> Alarm System <input type="checkbox"/> Public Address System <input checked="" type="checkbox"/> Intercom <input type="checkbox"/> Pagers <input type="checkbox"/> Portable Radio <input checked="" type="checkbox"/> Other ( <i>specify</i> ): Two-way radios.	
2. <input checked="" type="checkbox"/> Evacuation map is prominently displayed throughout the facility.	
3. <input checked="" type="checkbox"/> Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated: <b>Individual responsible for coordinating the evacuation will meet and wait outside on the parking lot area for roll call.</b>	
<b>F. Earthquake Vulnerability</b>	
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. <input checked="" type="checkbox"/> Hazardous Waste/ Hazardous Materials Storage Areas <input checked="" type="checkbox"/> Production Floor <input type="checkbox"/> Process Lines <input type="checkbox"/> Bench/ Lab <input type="checkbox"/> Waste Treatment <input type="checkbox"/> Other:	
Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion. <input type="checkbox"/> Utilities <input type="checkbox"/> Sprinkler Systems <input type="checkbox"/> Cabinets <input type="checkbox"/> Shelves <input type="checkbox"/> Racks <input type="checkbox"/> Pressure Vessels <input checked="" type="checkbox"/> Gas Cylinders <input type="checkbox"/> Tanks <input type="checkbox"/> Process Piping <input type="checkbox"/> Shutoff Valves <input type="checkbox"/> Other:	

# SAMPLE

## Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

### SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

<b>G. Emergency Procedures</b>
Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:
1. <b>PREVENTION</b> (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.
<b>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.</b>
<b>Incompatible materials and wastes are stored separately.</b>
<b>Employees are trained on business plan measures, and are trained to handle materials using personal protective equipment such as gloves and safety glasses.</b>
2. <b>MITIGATION</b> (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?
<b>Small spills are spills of minimal quantities that are contained and mitigated onsite by business employees.</b>
<b>The response to small spills is the following: Evacuate any unnecessary employees from the area of the spill.</b>
<b>Using absorbent materials, make sure that spilled material is contained and prevented from contaminating the ground, soil, water, or discharge off the property.</b>
<b>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.</b>
3. <b>ABATEMENT</b> (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?
<b>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.</b>
<b>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).</b>

# SAMPLE

## Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

### SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

<b>IV. Emergency Equipment</b>			
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.			
<b>EMERGENCY EQUIPMENT INVENTORY TABLE</b>			
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 checked="" type="checkbox"/> Chemical Protective Gloves	8-E	Rubber gloves
	<input type="checkbox"/> Chemical Protective Suits ( <i>describe</i> )		
	<input type="checkbox"/> Face Shields		
	<input checked="" type="checkbox"/> First Aid Kits/Stations ( <i>describe</i> )	7-C / 8-H	Two first aid kits available
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input checked="" type="checkbox"/> Portable Eye Wash Kits ( <i>i.e. bottle type</i> )	8-C	Bottle type affixed to wall.
	<input type="checkbox"/> Respirator Cartridges ( <i>describe</i> )		
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles	8-E	Safety glasses for employees
<input type="checkbox"/> Safety Showers			
<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)			
<input checked="" type="checkbox"/> Other ( <i>describe</i> )		Steel toe shoes	
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sptinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input checked="" type="checkbox"/> Fire Extinguisher Systems ( <i>describe</i> )	3E4C4H7C7G	Five fire extinguishers on site
	<input type="checkbox"/> Other ( <i>describe</i> )		
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents ( <i>describe</i> )	4-F	25 Pound absorbent bags
	<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 checked="" type="checkbox"/> Neutralizers ( <i>describe</i> )	4-F	Baking soda available for acid.
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps ( <i>describe</i> )		
<input checked="" type="checkbox"/> Other ( <i>describe</i> )	3-G	Three stage clarifier collects run-off	
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms ( <i>describe</i> )		
	<input checked="" type="checkbox"/> Intercoms/ PA Systems	10-E	Public announcement installed
	<input checked="" type="checkbox"/> Portable Radios	10-E	Two-way radios
	<input checked="" type="checkbox"/> Telephones	4-H	Telephones and cellular phones
	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
<input type="checkbox"/> Other ( <i>describe</i> )			
Additional Equipment (Use Additional Pages if Needed.)			

\* Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.



# SAMPLE

\*\* 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;
- l. 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-I

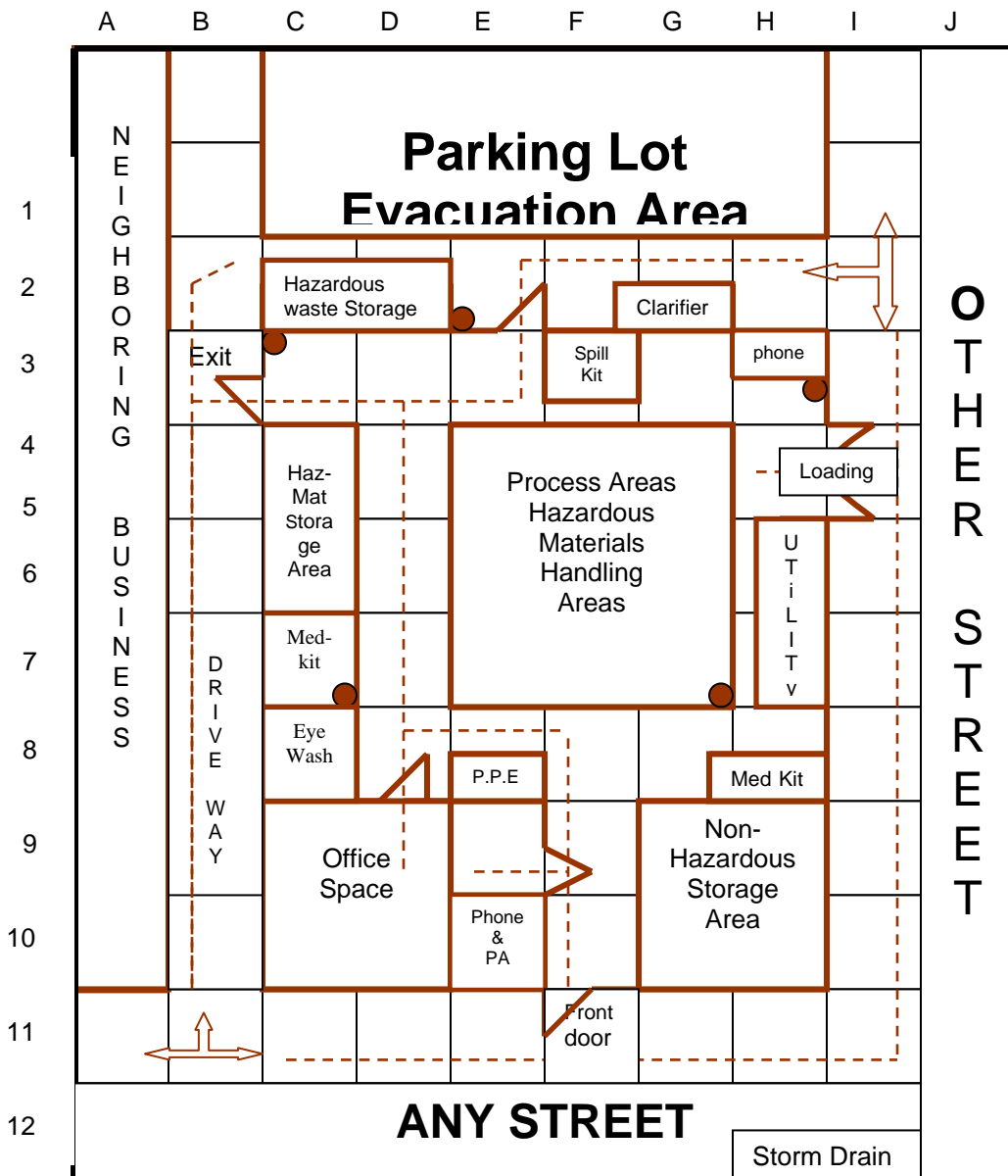
# SAMPLE

<b>Parking lot / Evacuation area.</b>	<b>1-CDEFGH and 2-CDEFGH</b>
<b>First Aid kit.</b>	<b>7-C and 8-H</b>

## Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

### SITE MAP

BUSINESS NAME <b>My Company</b>			
SITE ADDRESS <b>123 Any Street</b>	103	CITY 104 <b>Any Town</b>	ZIP CODE 105 <b>90000</b>
DATE MAP DRAWN <b>07-01-00</b>	MAP # <b>1</b>	FACILITY ID # <b>I. Official use only</b> 106	

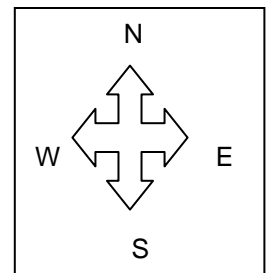


- For Site Map

  - Scale of Map
  - Loading Areas
  - Parking Lots
  - Internal Roads
  - Storm and Sewer Drains
  - Adjacent Property Use
  - Locations and Names of Adjacent Streets and Alleys
  - Access and Egress Points and Roads
  - Primary and Alternate Evacuation

● Fire Extinguisher

Scale:  
1" = 10 Ft.



OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
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# SAMPLE

DIV	BN	STA	OTHER	DISTRICT	CUPA	PA
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## UNIFIED PROGRAM (UP) FORM HAZARDOUS WASTE GENERATOR

PAGE    OF

BUSINESS NAME: <b>My Company</b>		3
FACILITY ID # <b>Official Use Only</b>	1 NO. OF EMPLOYEES: <b># here.</b>	133b EPA ID # <b>CAL 00000000</b>
		2

### I. TYPE OF GENERATOR

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY (Check no more than one box per column)

	RCRA GENERATOR (FEDERAL WASTE)	NON-RCRA GENERATOR (CALIFORNIA WASTE ONLY)
LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>
SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (< 100 KG HAZARDOUS WASTE PER MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### II. WASTE STREAM IDENTIFICATION

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION.

PROCESS	WASTE DESCRIPTION	WASTE ID	AMOUNT PER YEAR	STORAGE METHOD	DISPOSAL METHOD
<b>Oil change</b>	<b>Waste oil</b>	<b>221</b>	<b>1000</b>	<b>A</b>	<b>D</b>
<b>Radiator flush</b>	<b>Waste coolant</b>	<b>132</b>	<b>110</b>	<b>A</b>	<b>D</b>
<b>Aqueous cleaning</b>	<b>Aqueous washer solution</b>	<b>134</b>	<b>40</b>	<b>A</b>	<b>D</b>

*I certify that the information provided herein is true and accurate to the best of my knowledge.*

OWNER/OPERATOR NAME <b>John Smith</b>	H	OWNER/OPERATOR TITLE <b>Owner and Operator</b>	I
OWNER/OPERATOR SIGNATURE <b>Signature here</b>		DATE <b>2003/01/01</b>	J

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT
		INSPECTOR

***SAMPLE***

# SAMPLE

## UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD       DELETE       REVISE      REPORTING YEAR      **2003**      200      Page      of

### I. FACILITY INFORMATION

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

**My Company**

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL 202

**West interior wall of property**

(EPCRA)       YES       NO

FACILITY ID #      MAP# (optional) 203      GRID# (optional) 204

**1**

**5-C and 6-C**

### II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET  Yes  No 206

**Petroleum Lubricating Oil**

If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS\*  Yes  No 208

**Motor Oil 10W-40**

CAS# 209 \*If EHS is "Yes", all amounts below must be in lbs.

**N/A**

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) **H-1, F-1, R-0** 210

HAZARDOUS MATERIAL TYPE (Check one item only) 211 RADIOACTIVE  Yes  No 212 CURIES **N/A** 213

a. PURE       b. MIXTURE       c. WASTE

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER **55** 215

a. SOLID       b. LIQUID       c. GAS

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 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220

**55**

**110**

**N/A**

**N/A**

UNITS\* (Check one item only) 221 DAYS ON SITE: 222

a. GALLONS       b. CUBIC FEET       c. POUNDS       d. TONS

\* If EHS, amount must be in pounds.

**365**

STORAGE CONTAINER 223

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 <span style="float: right;">226</span>		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">228</span>	
2 <span style="float: right;">230</span>		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">232</span>	
3 <span style="float: right;">234</span>		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">236</span>	
4 <span style="float: right;">238</span>		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">240</span>	
5 <span style="float: right;">242</span>		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">244</span>	

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

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  
(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		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

# SAMPLE

## UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD       DELETE       REVISE      REPORTING YEAR **2003**      200      Page      of

### I. FACILITY INFORMATION

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

**My Company**

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL 202

**West interior area of property**

(EPCRA)       YES       NO

FACILITY ID #      1      MAP# (optional) 203      GRID# (optional) 204

**1**      **3-C and 3-D**

### II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET  Yes  No 206

If Subject to EPCRA, refer to instructions

COMMON NAME **Used oil** 207 EHS\*  Yes  No 208

CAS# 209 \*If EHS is "Yes", all amounts below must be in lbs.

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

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. SOLID       b. LIQUID       c. GAS 214 LARGEST CONTAINER **55** 215

FED HAZARD CATEGORIES (Check all that apply)  a. FIRE       b. REACTIVE       c. PRESSURE RELEASE       d. ACUTE HEALTH       e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220

**25**      **110**      **1000**      **221**

UNITS\* (Check one item only)  a. GALLONS       b. CUBIC FEET       c. POUNDS       d. TONS 221 DAYS ON SITE: 222

**365**

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 223

STORAGE PRESSURE  a. AMBIENT       b. ABOVE 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 #
1	100 %	Used Petroleum Oil	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**1 100 %** 226 **Used Petroleum Oil** 227  Yes  No 228 **N/A** 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

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  
(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		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

# SAMPLE

## UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD       DELETE       REVISE      REPORTING YEAR **2003**      200    Page    of

### I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) <span style="float: right;">3</span>		
<b>My Company</b>		
CHEMICAL LOCATION <span style="float: right;">201</span>	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <span style="float: right;">202</span>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>North exterior wall of property</b>		
FACILITY ID #	MAP# (optional) <span style="float: right;">203</span>	GRID# (optional) <span style="float: right;">204</span>
	<b>1</b>	<b>3-D</b>

### II. CHEMICAL INFORMATION

CHEMICAL NAME <span style="float: right;">205</span>	TRADE SECRET <span style="float: right;">206</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Subject to EPCRA, refer to instructions		
COMMON NAME <span style="float: right;">207</span>	EHS* <span style="float: right;">208</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CAS# <span style="float: right;">209</span>	*If EHS is "Yes", all amounts below must be in lbs.	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) <span style="float: right;">210</span>		
HAZARDOUS MATERIAL TYPE (Check one item only) <span style="float: right;">211</span>	RADIOACTIVE <span style="float: right;">212</span>	CURIES <span style="float: right;">213</span>
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>N/A</b>
PHYSICAL STATE (Check one item only) <span style="float: right;">214</span>	LARGEST CONTAINER <span style="float: right;">215</span>	
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	<b>55</b>	
FED HAZARD CATEGORIES (Check all that apply) <span style="float: right;">216</span>		
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH		
AVERAGE DAILY AMOUNT <span style="float: right;">217</span>	MAXIMUM DAILY AMOUNT <span style="float: right;">218</span>	ANNUAL WASTE AMOUNT <span style="float: right;">219</span>
<b>40</b>	<b>55</b>	<b>110</b>
UNITS* (Check one item only) <span style="float: right;">221</span>		DAYS ON SITE: <span style="float: right;">222</span>
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		<b>365</b>
STORAGE CONTAINER <span style="float: right;">223</span>		
<input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON		
STORAGE PRESSURE <span style="float: right;">224</span>		
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		
STORAGE TEMPERATURE <span style="float: right;">225</span>		
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC		

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 <b>50%</b> <span style="float: right;">226</span>	<b>Ethylene Glycol</b> <span style="float: right;">227</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">228</span>	<b>107-21-1</b> <span style="float: right;">229</span>
2 <span style="float: right;">230</span>	<span style="float: right;">231</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">232</span>	<span style="float: right;">233</span>
3 <span style="float: right;">234</span>	<span style="float: right;">235</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">236</span>	<span style="float: right;">237</span>
4 <span style="float: right;">238</span>	<span style="float: right;">239</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">240</span>	<span style="float: right;">241</span>
5 <span style="float: right;">242</span>	<span style="float: right;">243</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">244</span>	<span style="float: right;">245</span>

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. 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.)

<b>OFFICIAL USE ONLY</b>			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

# SAMPLE

## UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD       DELETE       REVISE      REPORTING YEAR **2003**      200    Page    of

### I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) <b>My Company</b> <span style="float: right;">3</span>											
CHEMICAL LOCATION <b>Materials handling area</b> <span style="float: right;">201</span>										CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <span style="float: right;">202</span>	
FACILITY ID #					MAP# (optional) <b>1</b> <span style="float: right;">203</span>			GRID# (optional) <b>5-E</b> <span style="float: right;">204</span>			

### II. CHEMICAL INFORMATION

CHEMICAL NAME <b>Acetylene</b> <span style="float: right;">205</span>										TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">206</span>																															
COMMON NAME <b>Welding gas</b> <span style="float: right;">207</span>										EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">208</span>																															
CAS# <b>74-86-2</b> <span style="float: right;">209</span>										*If EHS is "Yes", all amounts below must be in lbs.																															
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) <b>H-4, F-4, R-2</b> <span style="float: right;">210</span>																																									
HAZARDOUS MATERIAL TYPE (Check one item only) <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE <span style="float: right;">211</span>						RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">212</span>		CURIES <b>N/A</b> <span style="float: right;">213</span>																																	
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS <span style="float: right;">214</span>						LARGEST CONTAINER <b>382</b> <span style="float: right;">215</span>																																			
FED HAZARD CATEGORIES (Check all that apply) <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH <span style="float: right;">216</span>																																									
AVERAGE DAILY AMOUNT <b>382</b> <span style="float: right;">217</span>				MAXIMUM DAILY AMOUNT <b>382</b> <span style="float: right;">218</span>				ANNUAL WASTE AMOUNT <b>N/A</b> <span style="float: right;">219</span>		STATE WASTE CODE <b>N/A</b> <span style="float: right;">220</span>																															
UNITS* (Check one item only) <input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <span style="float: right;">221</span>										DAYS ON SITE: <b>365</b> <span style="float: right;">222</span>																															
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> f. CAN <input type="checkbox"/> g. CARBOY <input type="checkbox"/> h. SILO <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> j. BAG <input type="checkbox"/> k. BOX <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> p. TANK WAGON <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> r. OTHER <span style="float: right;">223</span>																																									
STORAGE PRESSURE <input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <span style="float: right;">224</span>																																									
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC <span style="float: right;">225</span>																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">#</th> <th style="width: 10%;">%WT</th> <th style="width: 50%;">HAZARDOUS COMPONENT (For mixture or waste only)</th> <th style="width: 10%;">EHS</th> <th style="width: 10%;">CAS #</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>226</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>228</td> </tr> <tr> <td>2</td> <td>230</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>232</td> </tr> <tr> <td>3</td> <td>234</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>236</td> </tr> <tr> <td>4</td> <td>238</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>240</td> </tr> <tr> <td>5</td> <td>242</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>244</td> </tr> </tbody> </table>												#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #	1	226		<input type="checkbox"/> Yes <input type="checkbox"/> No	228	2	230		<input type="checkbox"/> Yes <input type="checkbox"/> No	232	3	234		<input type="checkbox"/> Yes <input type="checkbox"/> No	236	4	238		<input type="checkbox"/> Yes <input type="checkbox"/> No	240	5	242		<input type="checkbox"/> Yes <input type="checkbox"/> No	244
#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #																																					
1	226		<input type="checkbox"/> Yes <input type="checkbox"/> No	228																																					
2	230		<input type="checkbox"/> Yes <input type="checkbox"/> No	232																																					
3	234		<input type="checkbox"/> Yes <input type="checkbox"/> No	236																																					
4	238		<input type="checkbox"/> Yes <input type="checkbox"/> No	240																																					
5	242		<input type="checkbox"/> Yes <input type="checkbox"/> No	244																																					

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 <span style="float: right;">246</span>
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If EPCRA, Please Sign Here  
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

<b>OFFICIAL USE ONLY</b>				DATE RECEIVED				REVIEWED BY			
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA					



# SAMPLE

## UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD       DELETE       REVISE      REPORTING YEAR **2003**      200 Page of

### I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)			3
<b>My Company</b>			
CHEMICAL LOCATION		201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA ) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <span style="float: right;">202</span>
<b>West interior wall of property</b>			
FACILITY ID #	MAP# (optional)	203	GRID# (optional) <span style="float: right;">204</span>
	<b>1</b>		<b>6-C</b>

### II. CHEMICAL INFORMATION

CHEMICAL NAME		205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">206</span>
<b>Perchloroethylene</b>			<small>If Subject to EPCRA, refer to instructions</small>
COMMON NAME		207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">208</span>
<b>PERC</b>			
CAS#		209	*If EHS is "Yes", all amounts below must be in lbs. <span style="float: right;">210</span>
<b>127-18-4</b>			
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) <b>H-4, F-0, R-4</b>			
HAZARDOUS MATERIAL TYPE (Check one item only)		211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">212</span>
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE			CURIES <b>N/A</b> <span style="float: right;">213</span>
PHYSICAL STATE (Check one item only)		214	LARGEST CONTAINER <b>80</b> <span style="float: right;">215</span>
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS			
FED HAZARD CATEGORIES (Check all that apply) <span style="float: right;">216</span>			
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT	MAXIMUM DAILY AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE <span style="float: right;">220</span>
<b>45</b>	<b>80</b>	<b>N/A</b>	<b>N/A</b>
UNITS* (Check one item only)			221
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS			DAYS ON SITE: <b>365</b> <span style="float: right;">222</span>
<small>* If EHS, amount must be in pounds.</small>			
STORAGE CONTAINER <span style="float: right;">223</span>			
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input checked="" type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON			
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <span style="float: right;">224</span>			
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC <span style="float: right;">225</span>			

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 <span style="float: right;">226</span>		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">227</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">228</span>
2 <span style="float: right;">230</span>		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">231</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">232</span>
3 <span style="float: right;">234</span>		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">235</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">236</span>
4 <span style="float: right;">238</span>		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">239</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">240</span>
5 <span style="float: right;">242</span>		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">243</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">244</span>

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. 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.)

<b>OFFICIAL USE ONLY</b>			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

# SAMPLE

## UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD       DELETE       REVISE      REPORTING YEAR **2003**      200 Page of

### I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) <span style="float: right;">3</span>											
<b>My Company</b>											
CHEMICAL LOCATION <span style="float: right;">201</span>						CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <span style="float: right;">202</span>					
<b>Materials handling area</b>						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
FACILITY ID #				MAP# (optional) <span style="float: right;">203</span>				GRID# (optional) <span style="float: right;">204</span>			
				<b>1</b>				<b>4-E</b>			

### II. CHEMICAL INFORMATION

CHEMICAL NAME <span style="float: right;">205</span>						TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">206</span>					
<b>Propane</b>						If Subject to EPCRA, refer to instructions					
COMMON NAME <span style="float: right;">207</span>						EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">208</span>					
<b>Liquid Petroleum Gas</b>						*If EHS is "Yes", all amounts below must be in lbs.					
CAS# <span style="float: right;">209</span>											
<b>74-98-6</b>											

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) **H-1, F-4, R-0** 210

HAZARDOUS MATERIAL TYPE (Check one item only) <span style="float: right;">211</span>				RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">212</span>				CURIES <b>N/A</b> <span style="float: right;">213</span>			
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE											

PHYSICAL STATE (Check one item only) <span style="float: right;">214</span>				LARGEST CONTAINER <b>271</b> <span style="float: right;">215</span>							
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS											

FED HAZARD CATEGORIES (Check all that apply) <span style="float: right;">216</span>											
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH											

AVERAGE DAILY AMOUNT <span style="float: right;">217</span>			MAXIMUM DAILY AMOUNT <span style="float: right;">218</span>			ANNUAL WASTE AMOUNT <span style="float: right;">219</span>			STATE WASTE CODE <span style="float: right;">220</span>		
<b>542</b>			<b>542</b>			<b>N/A</b>			<b>N/A</b>		

UNITS* (Check one item only) <span style="float: right;">221</span>								DAYS ON SITE: <span style="float: right;">222</span>			
<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS								<b>365</b>			
* If EHS, amount must be in pounds.											

STORAGE CONTAINER <span style="float: right;">223</span>														
<input type="checkbox"/> a. ABOVE GROUND TANK			<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM			<input type="checkbox"/> i. FIBER DRUM			<input type="checkbox"/> m. GLASS BOTTLE			<input type="checkbox"/> q. RAIL CAR		
<input type="checkbox"/> b. UNDERGROUND TANK			<input type="checkbox"/> f. CAN			<input type="checkbox"/> j. BAG			<input type="checkbox"/> n. PLASTIC BOTTLE			<input type="checkbox"/> r. OTHER		
<input type="checkbox"/> c. TANK INSIDE BUILDING			<input type="checkbox"/> g. CARBOY			<input type="checkbox"/> k. BOX			<input type="checkbox"/> o. TOTE BIN					
<input type="checkbox"/> d. STEEL DRUM			<input type="checkbox"/> h. SILO			<input checked="" type="checkbox"/> l. CYLINDER			<input type="checkbox"/> p. TANK WAGON					

STORAGE PRESSURE <span style="float: right;">224</span>											
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT											

STORAGE TEMPERATURE <span style="float: right;">225</span>											
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC											

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 <span style="float: right;">226</span>		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">228</span>	
2 <span style="float: right;">230</span>		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">232</span>	
3 <span style="float: right;">234</span>		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">236</span>	
4 <span style="float: right;">238</span>		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">240</span>	
5 <span style="float: right;">242</span>		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">244</span>	

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  
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

<b>OFFICIAL USE ONLY</b>				DATE RECEIVED				REVIEWED BY			
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA					

# SAMPLE

## UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD       DELETE       REVISE      REPORTING YEAR **2003**      200 Page of

### I. FACILITY INFORMATION

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

**My Company**

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202  
 YES  NO

**Materials handling area**

FACILITY ID # 1 MAP# (optional) 203 GRID# (optional) 204  
1 4-E

### II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET  Yes  No 206  
 If Subject to EPCRA, refer to instructions

**Carbon dioxide**

COMMON NAME 207 EHS\*  Yes  No 208

**CO2**

CAS# 209 \*If EHS is "Yes", all amounts below must be in lbs.

**124-38-9**

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

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. SOLID  b. LIQUID  c. GAS 214 LARGEST CONTAINER **175** 215

FED HAZARD CATEGORIES (Check all that apply)  a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220  
**350** **350** **N/A** **N/A**

UNITS\* (Check one item only)  a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS 221 DAYS ON SITE: **365** 222  
 \* If EHS, amount must be in pounds.

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 223

STORAGE PRESSURE  a. AMBIENT  b. ABOVE 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 #
1	226		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">228</span>	<span style="float: right;">229</span>
2	230		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">232</span>	<span style="float: right;">233</span>
3	234		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">236</span>	<span style="float: right;">237</span>
4	238		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">240</span>	<span style="float: right;">241</span>
5	242		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">244</span>	<span style="float: right;">245</span>

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  
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# SAMPLE

## UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

ADD       DELETE       REVISE      REPORTING YEAR **2003**      200 Page of

### I. FACILITY INFORMATION

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

**My Company**

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) 202  
 YES  NO

**Materials handling area**

FACILITY ID # 1 MAP# (optional) 203 GRID# (optional) 204  
**1** **5-E**

### II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET  Yes  No 206  
 If Subject to EPCRA, refer to instructions

**Helium**

COMMON NAME 207 EHS\*  Yes  No 208

**Helium gas**

CAS# 209 \*If EHS is "Yes", all amounts below must be in lbs.

**7440-59-7**

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

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. SOLID  b. LIQUID  c. GAS 214 LARGEST CONTAINER **275** 215

FED HAZARD CATEGORIES (Check all that apply)  a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220  
**275** **275** **N/A** **N/A**

UNITS\* (Check one item only)  a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS 221 DAYS ON SITE: **365** 222  
 \* If EHS, amount must be in pounds.

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 223

STORAGE PRESSURE  a. AMBIENT  b. ABOVE 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 #
1	226		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">228</span>	
2	230		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">232</span>	
3	234		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">236</span>	
4	238		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">240</span>	
5	242		<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">244</span>	

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  
 (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

# ***SAMPLE***

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 \(www.lacofd.org\)](http://www.lacofd.org)