CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)
San Bernardino County Fire Department • Hazardous Materials Division
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CALIFORNIA ACCIDENTAL RELEASE PREVENTION PROGRAM (CALARP)
CALARP – STATIONARY SOURCE REGISTRATION FORM

Date:_____

1. REGISTRATION INFORMATION:

Stationary Source Name and Address:

Name:_____

Street: _____

City:_____

County:_____State:___Zip:_____

EPA Facility Identifier (if applicable):

_____

Dun and Bradstreet Numbers (if available):

Stationary Source: _____

Parent Company:_____

Stationary Source Latitude and Longitude:

Latitude:_____ Longitude:_____

Method used to obtain latitude/longitude:_____

Description of latitude/longitude location:_____

Owner or Operator Information/Mailing Address:

Name: _____

Street:_____

City:_____ State:___ Zip:_____

Telephone:_____

Name/Title of Person or Position Responsible for the RMP Implementation:

Name: _____

Title/Position:_____

Email Address:_____

Emergency Contact:

Name:_____

Title:_____

Telephone:_____

24-Hour Telephone:_____

Email Address:_____

Number of Full Time Employees on Site:

_____

Stationary Source Subject to: (Please circle Yes or No)

OSHA PSM: Yes or No
EPCRA 302: Yes or No
CAA Title IV: Yes or No
If yes, operating permit number:_____

Date of Last Safety Inspection Conducted by an Outside Agency:

_____

Name of Inspecting Agency:

_____

Contractor who prepared the RMP (if any):

Name: _____

Street:_____

City:_____ State:_ Zip:_____

Telephone:_____

2. PROCESS(ES):

Process ID: _____Program Level:_____NAICS Code:_____

Chemical ID:_____CAS Number: _____Max. Qty (Lbs.):_____

Process ID: _____Program Level:_____NAICS Code:_____

Chemical ID:_____CAS Number: _____Max. Qty (Lbs.):_____

Process ID: _____Program Level:_____NAICS Code:_____

Chemical ID:_____CAS Number: _____Max. Qty (Lbs.):_____

Process ID: _____Program Level:_____NAICS Code:_____

Chemical ID:_____CAS Number: _____Max. Qty (Lbs.):_____

3. WORST CASE SCENARIO:

Chemical Name:_____

Percent Weight (if mixture):_____

Physical State:_____

Model Used:_____

Scenario:_____

Quantity Released (Lbs):_____

Release Rate (Lbs/Min):_____

Release Duration (Mins):_____

Wind Speed (m/sec):_____

Atmospheric Stability Class:_____

Topography:_____

Distance to Endpoint (mi):_____

Passive Mitigation (Yes/No): _____

If yes, describe:_____
_____

Estimated Population to Endpoint:_____

Public Receptors (Please circle Yes or No):

School: Yes or No Residences: Yes or No

Hospitals: Yes or No Prisons/Corrections: Yes or No

Recreation Areas: Yes or No

Commercial/Office/Industrial areas:_____
_____

Other:_____
_____

4. ALTERNATIVE RELEASE SCENARIO:

Chemical Name:_____

Percent Weight (if mixture):_____

Physical State:_____

Model Used:_____

Scenario:_____

Quantity Released (Lbs):_____

Release Rate (Lbs/Min):_____

Release Duration (Mins):_____

Wind Speed (m/sec):_____

Atmospheric Stability Class:_____

Topography:_____

Distance to Endpoint (mi):_____

Estimated Population to Endpoint:_____

Public Receptors (Please circle Yes or No)

Schools: Yes or No

Residences: Yes or No

Hospitals: Yes or No

Prisons/Corrections: Yes or No

Recreation Areas: Yes or No

Commercial/Office/Industrial Areas: Yes or No

Other: Yes or No

IF PROG. LEVEL 1 & NO ACCIDENTS – GO TO EMERGENCY RESPONSE (Item 7)

5. ACCIDENT HISTORY (Describe):_____
_____
_____

6. PREVENTION PROGRAM:

Program 3 (only):

Process ID/Chemical Name:_____

Date on which the safety information was last reviewed or revised:_____

Process Hazard Analysis (PHA):_____

Date of last PHA or PHA update:_____

The technique used (Please circle Yes or No):

What if: Yes or No

Checklist: Yes or No

What if/Checklist: Yes or No

HAZOP: Yes or No

Failure mode and effects analysis: Yes or No

Fault tree analysis: Yes or No

Other: Yes or No

Expected or actual date of completion of all changes from last PHA or PHA update:_____

Major hazards identified: Yes or No

Toxic release: Yes or No

Fire: Yes or No

Explosion: Yes or No

Runaway reaction: Yes or No

Polymerization: Yes or No

Over pressurization: Yes or No

Corrosion: Yes or No

Overfilling: Yes or No

Contamination: Yes or No

Equipment failure: Yes or No

Loss of cooling, heating, electricity, instrument air: Yes or No

Earthquake: Yes or No

Floods (flood plain): Yes or No

Tornado: Yes or No

Hurricane: Yes or No

Other:_____

Monitoring/Detection systems in use: (Please circle Yes or No)

Process area detectors: Yes or No

Perimeter monitors: Yes or No

Changes since last PHA or PHA update Yes or No

Reduction in chemical inventory: Yes or No

Increase in chemical inventory: Yes or No

Change process parameters: Yes or No

Installation of process controls: Yes or No

Installation of process detection systems: Yes or No

Installation of perimeter monitoring system: Yes or No

Installation of mitigation systems: Yes or No

None recommended:_____

None:_____

Other:_____

Date of most recent review or revision of operating procedures:_____

Training:

The date of the most recent review or revision of training programs:
_____

The type of training provided (Please circle Yes or No):

Classroom: Yes or No

On the Job: Yes or No

Other: Yes or No

The type of competency testing used (Please circle Yes or No):

Written test: Yes or No

Oral test: Yes or No

Demonstration: Yes or No

Observation: Yes or No

Other:_____

Maintenance:

The date of the most recent review or revision of maintenance procedures:_____

The date of the most recent equipment inspection or test:_____

Equipment most recently inspected or tested:_____
_____

Management of Change:

The date of the most recent change that triggered management of change procedures:_____

The date of the most recent review or revision of management of change procedure:_____

The date of the most recent pre-startup review:_____

Compliance Audits:

The date of the most recent compliance audit:_____

Expected date of completion of all changes resulting from the compliance audit:
_____

Incident Investigation:

The date of the most recent incident investigation (if any):
_____

Expected or actual date of completion of all changes resulting from the Investigation:
_____

The date of the most recent review or revision of employee participation plans:
_____

The date of the most recent review or revision of hot work permit procedures:
_____

The date of the most recent review or revision of contractor safety procedures:
_____

The date of the most recent evaluation of contractor safety performance:
_____

Program 2 (only):

Hazard Review:

Date of completion of most recent hazard review or update:_____

The expected or actual date of completion of all changes resulting from the hazard review:_____

Major Hazards Identified:_____

Monitoring/Detection systems in use:_____

Changes since last hazard review or update:_____

Reduction in chemical inventory:_____

Increase in chemical inventory:_____

Change process parameters:_____

Installation of process controls:_____

Installation of process detection systems:_____

The date of most recent review or revision of operating procedures:_____

Training:

The date of the most recent review or revision of operating procedures:

The type of training provided (Please circle Yes or No):

Classroom: Yes or No

On the Job: Yes or No

Other: Yes or No

The type of competency testing used (Please circle Yes or No)

Written tests: Yes or No

Oral tests: Yes or No

Demonstration: Yes or No

Observation: Yes or No

Other: Yes or No

Maintenance:

The date of most recent review or revision of maintenance procedures:_____

The date of most recent equipment inspection or test:_____

Equipment most recently inspected or tested:_____

Compliance Audits:

The date of most recent compliance audit:_____

Expected or actual date of completion of all changes resulting from the compliance audit:_____

Incident Investigation:

The date of most recent incident investigation:_____

Expected or actual date of completion of all changes resulting from the investigation:_____

The date of the most recent change that triggered a review or revision of safety information, the hazard review, operation or maintenance procedures, or training:
_____
_____

7. EMERGENCY RESPONSE:

Written Emergency Response Plan:

Is facility included in written community emergency response plan?_____

Does facility have its own written emergency response plan?_____

Does facility's ER Plan include specific actions to be taken in response to accidental releases of regulated substance(s)?_____

Does facility's ER plan include procedures for informing the public and local agencies responding to accidental releases?_____

Does facility's ER plan include information on emergency health care?
_____

Date of most recent review or update of facility's ER plan:_____

Date of most recent ER training for facility's employees:_____

Local agency with which facility's ER plan or response activities are coordinated:

Name of agency:_____

Telephone:_____

8. EXECUTIVE SUMMARY:

A brief description of accidental release prevention, emergency response, stationary source and regulated substances, general accidental release prevention program and chemical specific prevention steps, five-year accident history, emergency response program and planned changes to improve safety. (Please attach additional pages, if needed)

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