

# San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE (909) 386-8401 FAX (909) 386-8460 www.sbcfire.org

## BUSINESS EMERGENCY/CONTINGENCY PLAN COVER SHEET

### I. IDENTIFICATION

FACILITY ID #										For Dept Use Only – Log In/Date Stamp
F	A	1	2	3	4	5	6	7		
BUSINESS NAME (Same as FACILITY NAME or DBA) <span style="float: right;">3</span>										
<b>CUPA Automotive Repair</b>										
BUSINESS SITE ADDRESS					CITY			ZIPCODE		
<b>13000 Slover Avenue</b>					<b>Fontana</b>			<b>92337</b>		

### II. SUBMISSION CHECKLIST

*(Complete this Section if submitting an entire Business Emergency/Contingency Plan whether new or revised)*

Submission Checklist  *Items with an '\*' are considered "Inventory" under State disclosure laws*

- \* Business Activities Form
- \* Business Owner/Operator Identification Form
- \* Supplemental Emergency Contact Page
- Emergency Response Plans and Procedures
- \* Hazardous Materials Inventory Summary Form for the facility listing materials (including wastes) by item number
- \* One Hazardous Materials Inventory Form for each hazardous material (including wastes) which meet reporting criteria
- \* Material Safety Data Sheets attached to the inventory form of each material not listed in Appendix I
- \* Facility map (using grid form provided) consisting of all required features including the location of each inventoried item
- Site map (using grid form provided) consisting of all required features including surrounding facilities and areas.
- Area map - photocopied city map with location of site indicated
- Owner/Operator has signed and dated the plan and all required individual pages of the plan
- Submit the original and 1 copy to the Hazardous Materials Division. One is for distribution to the local fire jurisdiction
- Retain one copy of the business emergency/contingency plan at the facility.**

### III. UPDATE/CERTIFICATION

*(Complete this Section if submitting a partial update or re-certifying an existing Plan)*

**Check the appropriate boxes below and sign the certification statement. Submit 2 copies of all update information.**

Please incorporate the following into my Business Emergency/Contingency Plan

- New Business Owner/Operator Identification Form
- New Inventory Forms and new Inventory Summary Form (and maps, if affected)
- New Supplemental Emergency Contact Page

Other: \_\_\_\_\_

Brief explanation of changes: \_\_\_\_\_

There have been no changes to the inventory. In place of submitting the annual inventory, I hereby attest to all of the following:

- The information contained in the inventory most recently submitted to the CUPA is complete, accurate and up to date.
- There has been no change in the quantity, storage, or handling of hazardous materials (including waste) reported in the most recently submitted inventory.
- No hazardous materials (including waste) subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
- This certification is **not** being made to meet annual inventory submission requirements of EPCRA. (EPCRA requires complete annual submission)

### IV. SIGNATURE

*(Complete this Section for all submissions)*

**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 on this document and believe the information is true, accurate and complete.**

SIGNATURE OF OWNER/OPERATOR <i>John Smith</i>	DATE 03/01/10	NAME OF DOCUMENT PREPARER John Smith	135
NAME OF SIGNER (print) John Smith		TITLE OF SIGNER (print) Owner	

# San Bernardino County Fire Department • Hazardous Materials Division

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## BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION										
FACILITY ID #	<b>F</b>	<b>A</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	EPA ID # (Hazardous Waste Only) <b>CAL555555555</b>
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) <b>CUPA AUTOMOTIVE REPAIR SHOP</b>										
BUSINESS SITE ADDRESS <b>13000 SLOVER AVENUE</b>										
BUSINESS SITE CITY <b>FONTANA</b>							104	<b>CA</b>	ZIP CODE <b>92337</b>	
II. ACTIVITIES DECLARATION										
Does your facility...					If Yes, please complete these pages of the UPCF*....					
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) at any one time, 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		HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION			
<b>B. REGULATED SUBSTANCES</b> Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   4a		Coordinate with your local agency responsible for CalARP.			
<b>C. UNDERGROUND STORAGE TANKS (USTs)</b> Own or operate underground storage tanks?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   5		UST FACILITY UST TANK			
<b>D. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds: Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   8		NO FORM REQUIRED TO CUPAs			
<b>E. HAZARDOUS WASTE</b> Generate hazardous waste?					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   9		EPA ID NUMBER – provide at the top of this page  RECYCLABLE MATERIALS REPORT (one per recycler)  ON-SITE HAZARDOUS WASTE TREATMENT – FACILITY ON-SITE HAZARDOUS WASTE TREATMENT – UNIT  CERTIFICATION OF FINANCIAL ASSURANCE  REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION  HAZARDOUS WASTE TANK CLOSURE CERTIFICATION  Obtain Federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.  See CUPA for required forms.			
Recycle more than 100 kg/month of excluded or exempted recyclable materials (per CHSC 25143.2)?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   10					
Treat hazardous waste on-site?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   11					
Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   12					
Consolidate hazardous waste generated at a remote site?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   13					
Need to report the closure/removal of a tank that was classified as containing hazardous waste and cleaned on-site?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   14					
Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of Federal RCRA hazardous waste; or generate in any single calendar month, or accumulate at any time 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acutely hazardous waste.					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   14a					
Household Hazardous Waste (HHW) Collection site?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   14b					
<b>F. LOCAL REQUIREMENTS</b>										

\*Unified Program Consolidated Form

# San Bernardino County Fire Department • Hazardous Materials Division

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## BUSINESS OWNER/OPERATOR IDENTIFICATION

### I. IDENTIFICATION

FACILITY ID#	<b>F</b>	<b>A</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>		1	BEGINNING DATE	100	ENDING DATE	101						
												<b>03/01/10</b>			<b>03/01/11</b>						
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)												3			BUSINESS PHONE			102			
<b>CUPA AUTOMOTIVE REPAIR SHOP</b>												<b>(909) 555-2000</b>									
BUSINESS SITE ADDRESS												103			BUSINESS FAX			102a			
<b>13000 SLOVER AVENUE</b>												<b>(909) 555-2001</b>									
BUSINESS SITE CITY										104		CA		ZIP CODE		105		COUNTY		108	
<b>FONTANA</b>														<b>92337</b>		<b>San Bernardino</b>					
DUN & BRADSTREET										106		PRIMARY SIC		107		PRIMARY NAICS		107			
<b>N/A</b>												<b>7538</b>		<b>N/A</b>							
BUSINESS MAILING ADDRESS															108a						
<b>13000 SLOVER AVENUE</b>																					
BUSINESS MAILING CITY										108b		STATE		108c		ZIP CODE		108d			
<b>FONTANA</b>												<b>CA</b>		<b>92337</b>							
BUSINESS OPERATOR NAME										109		BUSINESS OPERATOR PHONE				110					
<b>JOHN SMITH</b>										<b>(909) 555-2000</b>											

### II. BUSINESS OWNER

OWNER NAME										111		OWNER PHONE				112			
<b>JOHN SMITH</b>										<b>(909) 555-1234</b>									
OWNER MAILING ADDRESS															113				
<b>46501 AVENUE F</b>																			
OWNER MAILING CITY										114		STATE		115		ZIP CODE		116	
<b>YUCAIPA</b>												<b>CA</b>		<b>92399</b>					

### III. ENVIRONMENTAL CONTACT

CONTACT NAME										117		CONTACT PHONE				118			
<b>JOHN SMITH</b>										<b>(909) 555-2000</b>									
CONTACT MAILING ADDRESS										119		CONTACT EMAIL				119a			
<b>13000 SLOVER ACENUE</b>										<b>JOHN-SMITH@CUPA.COM</b>									
CONTACT MAILING CITY										120		STATE		121		ZIP CODE		122	
<b>FONTANA</b>												<b>CA</b>		<b>92337</b>					

**-PRIMARY-**

### IV. EMERGENCY CONTACTS

**-SECONDARY-**

NAME										123		NAME				128	
<b>JOHN SMITH</b>										<b>JANE SMITH</b>							
TITLE										124		TITLE				129	
<b>OWNER</b>										<b>OWNER'S WIFE</b>							
BUSINESS PHONE										125		BUSINESS PHONE				130	
<b>(909) 555-2000</b>										<b>(909) 555-2000</b>							
24-HOUR PHONE										126		24-HOUR PHONE				131	
<b>N/A</b>										<b>N/A</b>							
PAGER #										127		PAGER #				132	
<b>N/A</b>										<b>N/A</b>							

ADDITIONAL LOCALLY COLLECTED INFORMATION:

Number of Employees: 5

Number of Underground Storage Tanks: 0

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE										DATE		134		NAME OF DOCUMENT PREPARER				135	
<i>John Smith</i>										<b>03/01/10</b>		<b>JOHN SMITH</b>							
NAME OF SIGNER (print)										136		TITLE OF SIGNER				137			
<b>JOHN SMITH</b>										<b>OWNER</b>									

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**EMERGENCY CONTACTS**

BUSINESS NAME (Same as FACILITY NAME or DBA)

**CUPA AUTOMOTIVE REPAIR SHOP**

A business shall appoint an Emergency Coordinator and Alternate Emergency Coordinator. These persons shall be knowledgeable in all aspects of the business operation. In the event of a release or threatened release of hazardous materials, the Emergency Coordinators shall be responsible for initiating response actions by the business. The Emergency Coordinators shall have full access to the facility, site familiarity and authority to make decisions for the business and to commit business resources. Hazardous waste generators must provide the information required in Title 22 of the California Code of Regulations and must list all emergency coordinators in the order that they will assume responsibility.

NAME <b>JOHN SMITH</b>		TITLE <b>OWNER</b>
OFFICE ADDRESS <b>13000 SLOVER AVENUE, FONTANA CA 92337</b>		
OFFICE PHONE <b>(909) 555-2000</b>	HOME PHONE <b>(909) 555-1234</b>	OTHER 24 HR PHONE (PAGER/CELL) <span style="float:right">127</span> <b>(909) 555-1223</b>

NAME <b>JANE SMITH</b>		TITLE <b>OWNER'S WIFE</b>
OFFICE ADDRESS <b>13000 SLOVER AVENUE, FONTANA CA 92337</b>		
OFFICE PHONE <b>(909) 555-2000</b>	HOME PHONE <span style="float:right">126</span> <b>(909) 555-1234</b>	OTHER 24 HR PHONE (PAGER/CELL) <span style="float:right">127</span> <b>(909) 555-1333</b>

NAME <b>N/A</b>		TITLE <b>N/A</b>
OFFICE ADDRESS <b>N/A</b>		
OFFICE PHONE <b>N/A</b>	HOME PHONE <b>N/A</b>	OTHER 24 HR PHONE (PAGER/CELL) <span style="float:right">127</span> <b>N/A</b>

**EMERGENCY RESPONSE TEAM (OWN EMPLOYEES OR CONTRACT) –IF APPLICABLE**

NAME <b>N/A</b>	24-HOUR PHONE <b>N/A</b>
NAME <b>N/A</b>	24-HOUR PHONE <b>N/A</b>
NAME <b>N/A</b>	24-HOUR PHONE <b>N/A</b>
NAME <b>N/A</b>	24-HOUR PHONE <b>N/A</b>

Date: 03/01/10

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## EMERGENCY RESPONSE PLANS & PROCEDURES – AGENCY NOTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA)  
**CUPA AUTOMOTIVE REPAIR SHOP**

3

### POST BY TELEPHONE

**Agency Notification: If a situation is an emergency, call 911 first.** Additionally, a handler of hazardous materials is required to immediately report any release or threatened release of a hazardous material to San Bernardino County Fire Department, Hazardous Materials Division and the Governor's Office of Emergency Services. Spills exceeding Federal reportable quantities require additional notification to the National Response Center. However, California statute does not limit the requirement to report to any specific quantity. **Also note that calling 911 does not meet the requirement for the handler to report a release and that the local fire department cannot make required notifications on behalf of the handler.** This CUPA requires a written report within 15 days after any reportable release or threatened release. Contact the CUPA for further guidance.

**Agency** (\* Indicates mandatory notification)

**Phone Number**

- |  |  |
|--|--|
| 1. *Local Emergency Response Agency (if an emergency)  | <b>911</b>                                     |
| 2. *San Bernardino County Fire Department Hazardous Materials Division   | <b>(800) 33-TOXIC</b> or <b>(909) 386-8425</b> |
| <i>Note: (800) 33-TOXIC does not work nationwide; non-local callers must use (909) 386-8425 to report any release or threatened release.</i> |  |
| 3. *Cal E·M·A (Formerly known as OES)  | <b>(800) 852-7550</b> or <b>(916) 845-8911</b> |
| 4. National Response Center  | <b>(800) 424-8802</b>                          |
| 5. Other Agencies ( <i>Cal OSHA, Regional Board, Air Quality, as applicable</i> )  |  |

\_\_\_\_\_  
*Agency Name*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Agency Name*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Agency Name*

\_\_\_\_\_  
*Phone Number*

### EMERGENCY INFORMATION REQUIRED: BE PREPARED TO PROVIDE THE FOLLOWING INFORMATION

- |  |  |
|--|--|
| ◆ Name & phone number of person reporting        | ◆ Estimate of the quantity released                    |
| ◆ Name and street address of the business        | ◆ Media (soil, water, air) into which release occurred |
| ◆ Location of the incident or threatened release | ◆ Precautions to take (if known)                       |
| ◆ Type of incident or threatened release         | ◆ Time and duration of the release                     |
| ◆ Hazardous materials involved & physical state  | ◆ Is the chemical an extremely hazardous substance?    |
| ◆ Hazards to human health and/or environment     | ◆ Extent of injuries, if any                           |
| ◆ Actions taken or planned                       | ◆ Is any assistance required?                          |
| ◆ Contractor or cleanup company name             |  |

Release reporting citations (California Health and Safety Code):

§ 25501. Definitions:

(r) "Release" means any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment, unless permitted or authorized by a regulatory agency.

(u) "Threatened release," means a condition creating a substantial probability of harm, when the probability and potential extent of harm make it reasonably necessary to take immediate action to prevent, reduce, or mitigate damages to persons, property, or the environment.

§ 25507(a) ... the handler or any employee, authorized representative, agent, or designee of a handler shall, upon discovery, immediately report any release or threatened release of a hazardous material to the administering agency, and to the office, in accordance with the regulations adopted pursuant to Section 25503. Each handler and any employee, authorized representative, agent, or designee of a handler shall provide all state, city, or county fire or public health or safety personnel and emergency rescue personnel with access to the handler's facilities.

See Appendix G for further citations and explanation.

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**EMERGENCY RESPONSE PLANS AND PROCEDURES**

BUSINESS NAME (Same as FACILITY NAME or DBA)

**CUPA AUTOMOTIVE REPAIR SHOP**

State Law requires your business to complete all sections of the Emergency Response Procedure listed below:

For each of the following, **briefly** describe your business's standard operating procedures relating to the release or threatened release of hazardous materials located at your facility. You may attach additional pages if necessary, but do not include copies of facility manuals unless requested to do so by this Department. You may reference manuals that are used by your facility for these procedures, but you must still give a brief description here.

**EVACUATION/NOTIFICATION:** Indicate location(s) where employees, customers, visitors or others on site are to evacuate in an emergency. Describe how your business will immediately notify people and evacuate the facility in the event of a release or threatened release of hazardous materials. Include the route and meeting place.

**IN CASE OF EMERGENCY, ALL EMPLOYEES, CUSTOMERS, AND VISITORS WILL BE VERBALLY INSTRUCTED TO EVACUATE. ALL EMPLOYEES, CUSTOMERS, VISITORS WILL BE ESCORTED TO THE EVACUATION STAGING AREA, LOCATED AT THE FRONT OF THE BUILDING NEAR SLOVER AVENUE.**

**PREVENTION/MITIGATION/ABATEMENT:** Describe what policies and procedures your business will follow to prevent, reduce and/or remove the hazard to persons, property or the environment caused by a release or threatened release of hazardous materials and/or hazardous wastes. (✓ Check those items that apply and write additional information in the space provided).

- Reduction of containers on site if not used or needed
- Containers are properly labeled and closed when not in use
- Compressed gas cylinders are properly secured
- Use of monitoring system    Type: \_\_\_\_\_
- Other: \_\_\_\_\_

**ALL CONTAINERS ARE INSPECTED WEEKLEY BY OWNER TO ENSURE PROPER LABELING AND CLOSURE OF CONTAINERS. USED OIL IS REMOVED EVERY 3 MONTHS.**

Date: 03/01/10

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**EMERGENCY RESPONSE PLANS AND PROCEDURES**

BUSINESS NAME (Same as FACILITY NAME or DBA)

**CUPA AUTOMOTIVE REPAIR SHOP**

**FACILITY TRAINING PLAN:** Describe employee and operator training including local emergency response coordination, use of facility emergency equipment, and provisions for initial and refresher training. In addition, describe training for hazardous materials/waste handling as required by OSHA. (√ Check those items that apply and write additional information in the space provided)

- New employee training
- Annual training & periodic refresher courses
- Familiarization with the Emergency Response Plans and Procedures of this Business Plan
- Spill control equipment
- Monitoring system
- Personal Protective Equipment
- On the job training (Described below)
- Other:

**OWNER HAS OVER 25 YEARS EXPERIENCE IN AUTO REPAIR.**

**EMERGENCY PROCEDURES:** Describe duties of the Emergency Coordinator and how implementation of Facility Emergency Response will be accomplished. (e.g. Notification, evacuation, emergency coordination) (√ Check those items that apply and write additional information in the space provided)

Emergency Coordinator will:

- Identify potential hazards and determine whether a release has occurred
- Activate local emergency systems (e.g. manual shutoff devices) and take appropriate immediate actions based on level of training and the ability to act safely
- Coordinate the notification and evacuation of employees, customers, and other visitors from the facility
- Make required agency notifications and request needed assistance
- Assist responding agencies by providing access to the facility and information about the facility
- Other:

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### EMERGENCY RESPONSE PLANS AND PROCEDURES

BUSINESS NAME (Same as FACILITY NAME or DBA)

3

**CUPA AUTOMOTIVE REPAIR SHOP**

**FACILITY EMERGENCY EQUIPMENT:** List facility emergency equipment on site (e.g. fire extinguisher, fire alarms, spill control equipment, SCBA, first aid kits, etc.). Include test/maintenance plan. (✓ Check those items that apply and write additional information in the space provided)

Equipment	Quantity/Type	Maintenance Schedule/Frequency
<input checked="" type="checkbox"/> Fire extinguisher(s)	<b>2-ABC</b>	<b>YEARLY</b>
<input checked="" type="checkbox"/> First aid kit(s)	<b>1</b>	<b>CHECKED MONTHLY</b>
<input type="checkbox"/> Fire alarm(s)		
<input checked="" type="checkbox"/> Spill control equipment	<b>ABSORBENT</b>	<b>REPLACED AS NEEDED</b>
<input type="checkbox"/> Monitoring system		
<input type="checkbox"/> Personal Protective Equipment		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

**FACILITY EARTHQUAKE RESPONSE:** Identify areas of the facility as well as mechanical or other systems that require immediate inspection due to their vulnerability to earthquake related ground motion. (e.g. Hazardous materials or waste storage locations, vessels, piping, pipe and tank supports, valves, gauges, etc.) (✓ Check those items that apply and write additional information in the space provided)

- Chemical Storage Locations – Product and Waste
- Process vessels
- Aboveground storage tanks
- Emergency shut-off systems
- Piping and pipe supports
- Utility connections
- 
- 
- 
- 

**ARRANGEMENTS/AGREEMENTS:** Describe any arrangements or agreements that you have with private emergency response teams, waste haulers, disposal companies, recyclers, local hospitals, police and/or fire. If you have no arrangements or agreements, state that fact in the space provided. (✓ Check those items that apply and write additional information in the space provided)

- Hazardous waste hauler **HAZARDOUS WASTE COMPANY**
- Emergency response team \_\_\_\_\_
- Local hospitals \_\_\_\_\_
- Other: \_\_\_\_\_
- No arrangements or agreements at this time

Date: 03/01/10



HELPFUL HINTS FOR COMPLETING THE INVENTORY SECTION

**San Bernardino County Fire Department • Hazardous Materials Division**

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**INVENTORY SUMMARY FORM**

**I. FACILITY IDENTIFICATION**

FACILITY ID # **F A 1 2 3 4 5 6 7** 1 (This number is on your CUPA permit.)

BUSINESS NAME (Same as FACILITY NAME or DBA)

**CUPA AUTOMOTIVE REPAIR SHOP**

Item #	Name of Hazardous Material or Waste <i>(Example Only)</i>	Maximum Quantity	Size of Largest Container	Unit of Measure
3.	Lubricating Oil	555	500	Gallon
1.	USED OIL	110	55	GAL
2.	WASTE ANTIFREEZE	55	55	GAL
3.	PARTS CLEANER	30	30	GAL
4.	WASTE AUTOMOTIVE BATTERIES	15	1	UNIT
5.	MOTOR OIL	55	55	GAL

Summarize the Business Plan inventory on this page. Place this summary in front of the inventory section of the Business Plan. Make copies of this sheet as necessary. Reminder: You need not report hazardous materials with a maximum quantity of less than 55 gallons, 500 pounds, 200 cubic feet, or the threshold planning quantity of an extremely hazardous substance. However, hazardous wastes, Category 1 and 2 pesticides, and explosives are reportable at any quantity.

**III. SIGNATURE- EPCRA Facilities MUST sign the bottom of each individual attached inventory form.**

SIGNATURE OF OWNER/OPERATOR	NAME OF SIGNER <i>(print)</i>	DATE
<i>John Smith</i>	<b>JOHN SMITH</b>	<b>03/01/10</b>

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## HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

 MATERIAL

 WASTE

 Page 1 of 5

### I. FACILITY INFORMATION

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

3

**CUPA AUTOMOTIVE REPAIR SHOP**

FACILITY ID #

**F**
**A**
**1**
**2**
**3**
**4**
**5**
**6**
**7**

1

MAP#

203

GRID#

204

**1**
**D-5**

### II. CHEMICAL INFORMATION

CHEMICAL NAME

205

TRADE SECRET

 Yes  No

206

If Subject to EPCRA, refer to instructions

COMMON NAME

207

**USED OIL**

EHS\*

 Yes  No

208

CAS#

209

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

HAZARDOUS MATERIAL TYPE (Check one item only)

 a. PURE  b. MIXTURE  c. WASTE

211

 RADIOACTIVE  Yes  No

212

CURIES

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

**55**
**100**
**110**
**221**

UNITS\*

(Check one item only)

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

221

DAYS ON SITE:

222

\* If EHS, amount must be in pounds.

**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**

226

**USED OIL**

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 &gt; 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

# San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE (909) 386-8401 FAX (909) 386-8460 www.sbcfire.org

## HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

MATERIAL                       WASTE

Page 2 of 5

### I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3  
**CUPA AUTOMOTIVE REPAIR SHOP**

FACILITY ID #	<b>F</b>	<b>A</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>		MAP#	203	GRID#	204
											<b>1</b>		<b>D-5</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>
	If Subject to EPCRA, refer to instructions

COMMON NAME <span style="float: right;">207</span> <b>WASTE ANTIFREEZE</b>	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">208</span>
---	---

CAS# <span style="float: right;">209</span>	*If EHS is "Yes", all amounts below must be in lbs.
---	---

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

PHYSICAL STATE (Check one item only) <span style="float: right;">214</span> <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	LARGEST CONTAINER <b>55</b> <span style="float: right;">215</span>
--	--

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 type="checkbox"/> e. CHRONIC HEALTH
---

AVERAGE DAILY AMOUNT <span style="float: right;">217</span> <b>25</b>	MAXIMUM DAILY AMOUNT <span style="float: right;">218</span> <b>55</b>	ANNUAL WASTE AMOUNT <span style="float: right;">219</span> <b>90</b>	STATE WASTE CODE <span style="float: right;">220</span> <b>134</b>
--	--	---	---

UNITS* (Check one item only) <span style="float: right;">221</span> <input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>	DAYS ON SITE: <span style="float: right;">222</span> <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>100</b> <span style="float: right;">226</span>	<b>WASTE ANTIFREEZE</b> <span style="float: right;">227</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">228</span>	<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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here

# San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE (909) 386-8401 FAX (909) 386-8460 www.sbcfire.org

## HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

MATERIAL                       WASTE

Page 3 of 5

### I. FACILITY INFORMATION

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

**CUPA AUTOMOTIVE REPAIR SHOP**

FACILITY ID #	<b>F</b>	<b>A</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>		MAP# <sup>203</sup>	GRID# <sup>204</sup>
											<b>1</b>	<b>A-2</b>

### II. CHEMICAL INFORMATION

CHEMICAL NAME <sup>205</sup>	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <sup>206</sup> <small>If Subject to EPCRA, refer to instructions</small>
------------------------------	--

COMMON NAME <sup>207</sup> <b>WASTE PARTS CLEANER</b>	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <sup>208</sup>
--	---

CAS# <sup>209</sup>	*If EHS is "Yes", all amounts below must be in lbs.
---------------------	---

HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE <sup>211</sup>	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <sup>212</sup>	CURIES <sup>213</sup>
--	--	-----------------------

PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS <sup>214</sup>	LARGEST CONTAINER <b>30</b> <sup>215</sup>
---	--

FED HAZARD CATEGORIES (Check all that apply) <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH <sup>216</sup>
--

AVERAGE DAILY AMOUNT <sup>217</sup> <b>15</b>	MAXIMUM DAILY AMOUNT <sup>218</sup> <b>30</b>	ANNUAL WASTE AMOUNT <sup>219</sup> <b>120</b>	STATE WASTE CODE <sup>220</sup> <b>213</b>
--	--	--	---

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

STORAGE CONTAINER	<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input checked="" 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 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 <sup>223</sup>
-------------------	--	---	--	--	--

STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <sup>224</sup>
--

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 <sup>225</sup>
---

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS	CAS #
1	<b>100</b>	<b>WASTE PARTS CLEANER</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<sup>226</sup> <sup>227</sup> <sup>228</sup>	<sup>229</sup>
2	230		<input type="checkbox"/> Yes <input type="checkbox"/> No	<sup>230</sup> <sup>231</sup> <sup>232</sup>	<sup>233</sup>
3	234		<input type="checkbox"/> Yes <input type="checkbox"/> No	<sup>234</sup> <sup>235</sup> <sup>236</sup>	<sup>237</sup>
4	238		<input type="checkbox"/> Yes <input type="checkbox"/> No	<sup>238</sup> <sup>239</sup> <sup>240</sup>	<sup>241</sup>
5	242		<input type="checkbox"/> Yes <input type="checkbox"/> No	<sup>242</sup> <sup>243</sup> <sup>244</sup>	<sup>245</sup>

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

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## HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

 MATERIAL

 WASTE

 Page 4 of 5

### I. FACILITY INFORMATION

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

3

**CUPA AUTOMOTIVE REPAIR SHOP**

FACILITY ID #	<b>F</b>	<b>A</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	1	MAP#	203	GRID#	204
											<b>1</b>		<b>C-5</b>	

### II. CHEMICAL INFORMATION

CHEMICAL NAME	205	TRADE SECRET	206
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<small>If Subject to EPCRA, refer to instructions</small>	

COMMON NAME	207	EHS*	208
<b>WASTE AUTOMOTIVE BATTERIES</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

HAZARDOUS MATERIAL TYPE (Check one item only)	211	RADIOACTIVE	212	CURIES	213
<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			

PHYSICAL STATE (Check one item only)	214	LARGEST CONTAINER	215
<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		<b>1</b>	

FED HAZARD CATEGORIES (Check all that apply)	216
<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	217	MAXIMUM DAILY AMOUNT	218	ANNUAL WASTE AMOUNT	219	STATE WASTE CODE	220
<b>5</b>		<b>15</b>		<b>15</b>		<b>792</b>	

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

STORAGE CONTAINER	223	
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input checked="" 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 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	223
<b>X r. OTHER BATTERIES</b>		

STORAGE PRESSURE	224
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	

STORAGE TEMPERATURE	225
<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	226	<b>SULFURIC ACID</b>	227	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	228	<b>7664939</b>	229
2	230	<b>LEAD</b>	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232		233
3	234		235	<input type="checkbox"/> Yes <input type="checkbox"/> No	236		237
4	238		239	<input type="checkbox"/> Yes <input type="checkbox"/> No	240		241
5	242		243	<input type="checkbox"/> Yes <input type="checkbox"/> 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

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## HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

 MATERIAL

 WASTE

 Page 5 of 5

### I. FACILITY INFORMATION

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

3

**CUPA AUTOMOTIVE REPAIR SHOP**

FACILITY ID #

**F**
**A**
**1**
**2**
**3**
**4**
**5**
**6**
**7**

1

MAP#

203

GRID#

204

**1**
**E-5**

### II. CHEMICAL INFORMATION

CHEMICAL NAME

205

TRADE SECRET

 Yes  No

206

If Subject to EPCRA, refer to instructions

COMMON NAME

207

**MOTOR OIL**

EHS\*

 Yes  No

208

CAS#

209

**8020835**

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

HAZARDOUS MATERIAL TYPE (Check one item only)

 a. PURE  b. MIXTURE  c. WASTE

211

 RADIOACTIVE  Yes  No

212

CURIES

213

PHYSICAL STATE

(Check one item only)

 a. SOLID  b. LIQUID  c. GAS

214

 LARGEST CONTAINER **1**

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

**30**
**55**

UNITS\*

(Check one item only)

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

221

DAYS ON SITE:

**365**

222

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**

226

**MOTOR OIL**

227

 Yes  No

228

**8020835**

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 &gt; 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

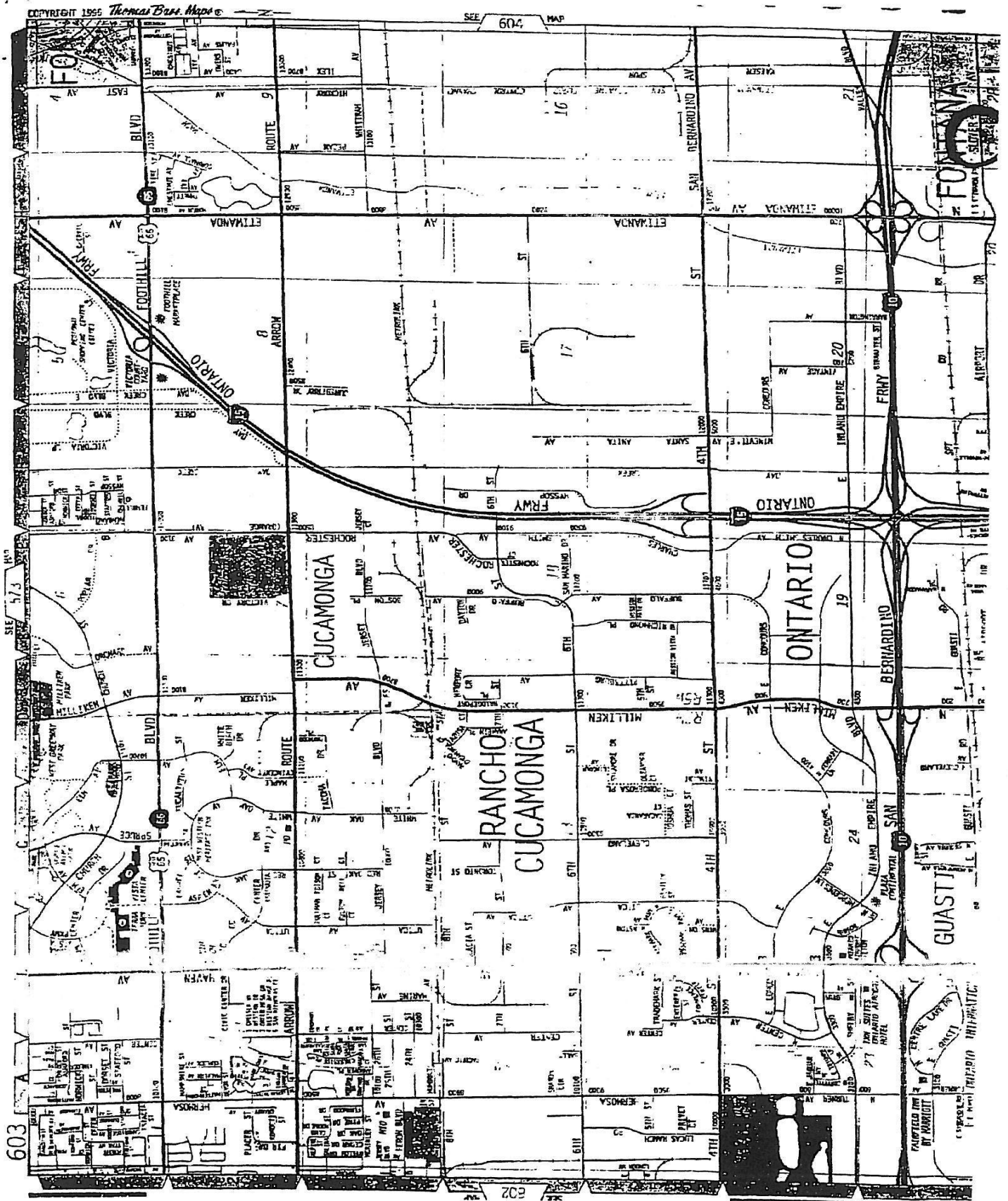
ADDITIONAL LOCALLY COLLECTED INFORMATION

246

If EPCRA, Please Sign Here

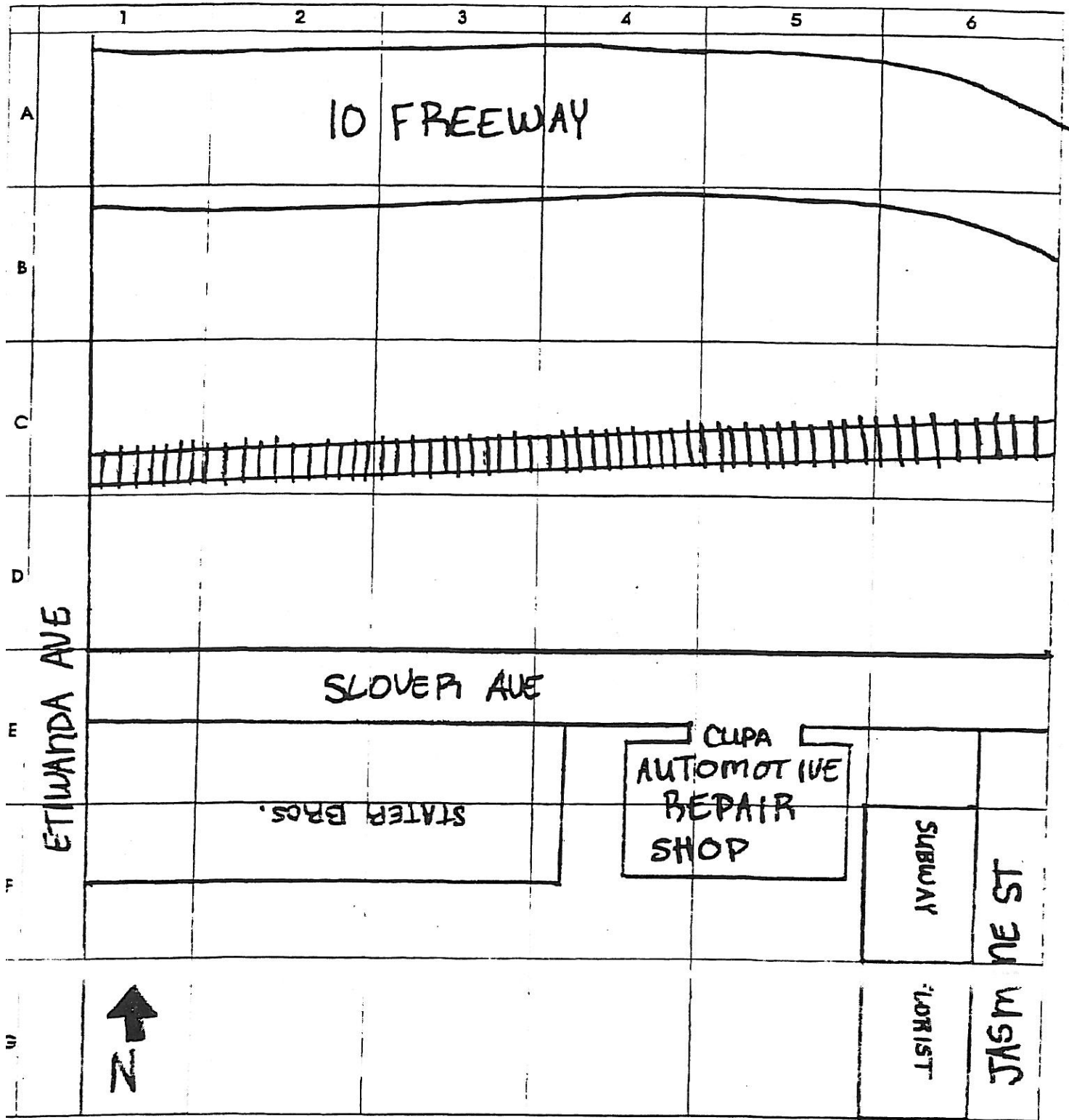
# AREA MAP

While a specific form is not required, an Area Map is required. Maps can be obtained from sources such as the Thomas Guide, Yahoo, or Map Quest. This page is only a placeholder for your Area Map.



# SITE MAP

BUSINESS NAME <b>CUPA Automotive Repair Shop</b>	BUSINESS SITE ADDRESS <b>13000 Slover Ave, Fontana</b>
---	---

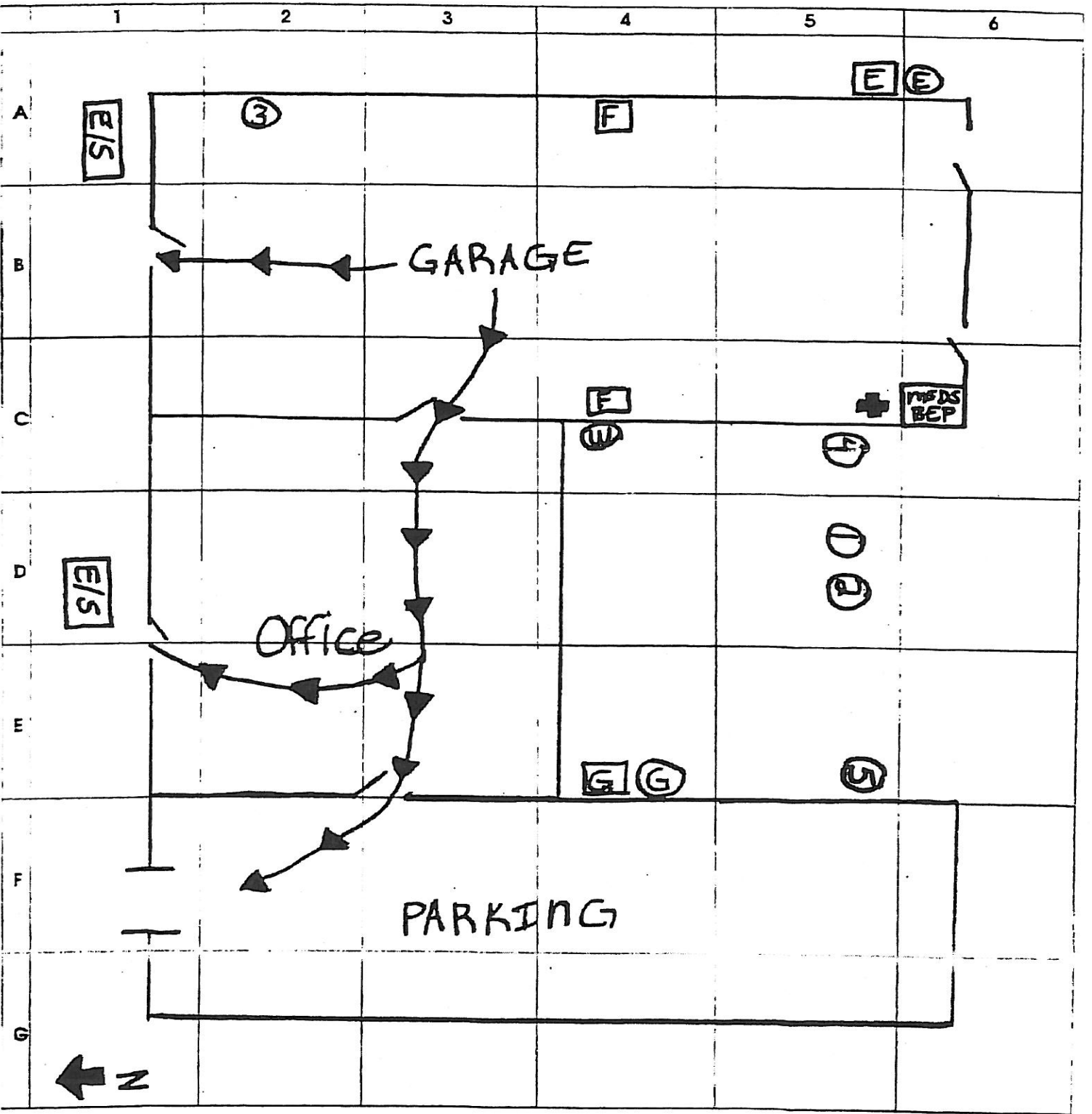


Date: 03/01/10



# FACILITY MAP

BUSINESS NAME <b>CUPA Automotive Repair Shop</b>	BUSINESS SITE ADDRESS <b>13000 Slover Ave, Fontana</b>
---	---



Date: 03/01/10

