

**FORM E**

SAN LUIS OBISPO COUNTY CERTIFIED UNIFIED

PROGRAM AGENCY (CUPA)

**EMERGENCY RESPONSE PLAN**  
Or Hazardous Waste Contingency Plan

**Date:**

**SECTION I-A: BUSINESS IDENTIFICATION DATA**

BUSINESS NAME

SITE ADDRESS

CITY

ZIP CODE

FACILITY UNIT

TELEPHONE NUMBER

BUSINESS MAILING ADDRESS

CITY

ZIP CODE

*If your business has a license or permit from any of the following agencies, please indicate the document number.*

1. Hazardous Materials  
Underground Storage #

3. Air Pollution Control  
District #

2. Hazardous Waste  
Generator #

4. Responding Fire Dept  
& Permit #

Please provide the following information as it pertains to your business and its location. You are not required to notify these companies in the event of an emergency. This information is provided for your reference and to assist emergency response personnel in responding to a hazardous materials emergency at your facility. List the name and phone number of the utility company.

Electric Service \_\_\_\_\_ Telephone # \_\_\_\_\_

Gas Service \_\_\_\_\_ Telephone # \_\_\_\_\_

Sanitation \_\_\_\_\_ Telephone # \_\_\_\_\_

Water District \_\_\_\_\_ Telephone # \_\_\_\_\_

**SECTION I-B: OWNER CERTIFICATION OF DATA (Certify either 1 or 2)**

1. This is a  **NEW Plan**  **UPDATED Existing Plan**. I have personally examined the information it contains and am familiar with the operation of the plan. (If you check either of the above two options, continue to complete the remainder of the Emergency Response / Contingency Plan).

2.  This plan **requires no change** and is on file with San Luis Obispo County Certified Unified Program Agency and does not need any change. (If you check this section, please proceed directly to Form T, the Training Program.)

I certify under penalty of law that the above information is true and accurate.

PRINT NAME OF OWNER OR OPERATOR

SIGNATURE

DATE

DOCUMENTS PREPARED BY

SIGNATURE

DATE

**SECTION II: EMERGENCY RESPONSE PLANS AND PROCEDURES**

Note: Complete all sections of this Emergency Response Procedure below. Use of terms such as "N/A" (Not Applicable) will not be accepted.

**A. FIRE, SPILL, OR RELEASE: The fire code requires immediate notification through dialing 911, by whoever first sights the incident. In the event of release or spill of hazardous materials, you must also notify:**

- 1. San Luis Obispo County Certified Unified Program Agency during business hours @ 805-781-5544. After business hours dial 911.
- 2. The State Office of Emergency Services - (800) 852-7550 or (916) 262-1621.

List the individuals responsible for verifying that these calls have been made and also indicate their position in your company.

**FOR VERIFYING THE DIALING OF 911:**

| NAME  | POSITION |
|---|----------|
| Individual responsible for calling San Luis Obispo County Certified Unified Program Agency and the State Office of Emergency Services: (Normally the Emergency Coordinator of your business.) |          |

| NAME | POSITION |
|------|----------|
|------|----------|

**B. List the local emergency medical facilities that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous materials.**

| NAME | ADDRESS | CITY | PHONE |
|------|---------|------|-------|
|------|---------|------|-------|

| NAME | ADDRESS | CITY | PHONE |
|------|---------|------|-------|
|------|---------|------|-------|

**C. List the Emergency Coordinator(s) at your facility.**

Primary:

| NAME | TITLE | BUSINESS PHONE | 24 HR PHONE | PAGER # |
|------|-------|----------------|-------------|---------|
|------|-------|----------------|-------------|---------|

Secondary:

| NAME | TITLE | BUSINESS PHONE | 24 HR PHONE | PAGER # |
|------|-------|----------------|-------------|---------|
|------|-------|----------------|-------------|---------|

**D. Does your business have an on-site emergency response team?  Yes  No Describe procedures your business will follow in the event of a release or threatened release of hazardous materials.**

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**E.** If you have **acutely hazardous materials above threshold planning quantities**, list (by name and address) adjacent neighboring businesses and residences, schools, hospitals, etc. **Include sensitive facilities (schools, hospitals and rest homes) within 1,000 feet (straight-line distance from your property line)**. List telephone numbers for all businesses; for apartment buildings, list manager's phone. Do not list telephone numbers for private residences.

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**F.** Briefly describe your standard operating procedures **in the event of a release or threatened release of hazardous materials**. Emergency response procedures must comply with all federal, state and local regulations. Existing emergency response procedures may be referenced and attached to this document.

**1. Prevention** -- Describe the accident potentials associated with the hazardous materials present at your facility. What actions would your business take to reduce accident potentials? Include description of safety, storage, and containment procedures.

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**2. Equipment** -- List the emergency response equipment at your facility (e.g. fire extinguishing systems, spill control equipment, decontamination equipment).

| Item | Use | Location | Maintenance Procedure |
|------|-----|----------|-----------------------|
|      |     |          |                       |
|      |     |          |                       |
|      |     |          |                       |
|      |     |          |                       |
|      |     |          |                       |
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**3. Evacuation** -- Describe how you will immediately evacuate your facility. Where are the designated meeting locations? What communications or alarms are used? How will you operate these during power failure?

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**4. Shutdown** -- Describe the procedures to shutdown the facility in case of an emergency.

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**5a. Response** -- Describe what is done to lessen or mitigate the harm or damage done to person(s), property, or the environment, and to prevent the event from getting worse or spreading. What is your immediate response to:

Fire:

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Explosion:

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Spill:

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Earthquake:

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Major Power Failure:

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Flood:

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**b. Is this facility located on a 100-year flood plain?** Yes No

**c. Earthquake** - Identify facility areas and list mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake related ground motion.

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**6. Clean-Up** -- How do you handle the complete process of cleaning up and disposing of hazardous material releases at your facility?

Note: Notify the Certified Unified Program Agency when clean up is complete.

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**G. Location** -- Your business is required to keep a copy of the Business Plan and related Material Safety Data Sheets (MSDS) on-site. Describe where this information is located.

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