

KITSAP COUNTY

UNIFIED MATERIALS MANAGEMENT PLAN

Prepared by

Kitsap County Health District

Kitsap County Fire Marshall's Office

**KITSAP COUNTY UNIFIED HAZARDOUS MATERIALS PLAN
Business & Owner / Operator Identification Page**

PAGE 1 OF

BUSINESS NAME

BUSINESS PHONE

SITE ADDRESS

CITY

STATE

ZIP

SIC CODE (4 DIGIT#)

OPERATOR NAME

OPERATOR PHONE

OWNER INFORMATION

OWNER NAME

OWNER PHONE

OWNER MAILING ADDRESS

CITY

STATE

ZIP

ENVIRONMENTAL CONTACT

CONTACT NAME

CONTACT PHONE

MAILING ADDRESS

CITY

STATE

ZIP

Primary

EMERGENCY CONTACTS

Secondary

NAME:

NAME:

TITLE:

TITLE:

BUSINESS PHONE:

BUSINESS PHONE:

24-HOUR PHONE:

24-HOUR PHONE:

PAGER #:

PAGER #:

ADDITIONAL LOCALLY COLLECTED INFORMATION

Assessor's Parcel Number: _____ - ____ - _____

FOR OFFICIAL USE ONLY

ID # _____

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate, and complete.

Print Name of Document Preparer

Signature of Owner / Operator

Date

INSTRUCTIONS
Business & Owner/Operator Identification Page Instructions

- PAGE 1 OF -- the number of total pages in the inventory, including this page.
BUSINESS NAME -- the full legal name of the business.
BUSINESS PHONE -- the business phone number including area code and any extension.
BUSINESS SITE ADDRESS -- the street address where the facility is located - **No Post Office Box numbers.**
CITY -- the city or unincorporated area where the facility is located.
STATE -- WA is the acceptable abbreviation of Washington.
ZIP -- the zip code of the facility.
SIC CODE -- the primary **Standard Industrial Classification** 4 digit code for the facility.
OPERATOR NAME -- the name of the business operator.
OPERATOR PHONE -- the business operator phone number if different from business phone (5).

OWNER INFORMATION [Bill To Information]

- (14) OWNER NAME -- the name of the business owner *if different* from business operator name.
(15) OWNER PHONE -- the owner phone number *if different* from business phone, include area code.
(16) OWNER MAILING ADDRESS -- the owner's mailing address *if different* from business site address.
(17) CITY -- the city of owner's mailing address.
(18) STATE -- the 2 character state abbreviation for the owner's mailing address.
(19) ZIP -- the zip code for the owner's mailing address.

ENVIRONMENTAL CONTACT [At This Facility]

- (20) ENVIRONMENTAL CONTACT NAME -- the name of the person who receives all environmental correspondence and will respond to enforcement activity.
(21) CONTACT PHONE NUMBER -- the phone number at which the above person can be contacted.
(22) MAILING ADDRESS -- the mailing address where all environmental correspondence should be sent.
(23) CITY -- the name of the city for the above address.
(24) STATE -- the 2 character state abbreviation for the above address.
(25) ZIP -- the zip code for the above address.

EMERGENCY CONTACTS -- PRIMARY

- (26) CONTACT NAME -- the name of the facility representative that has FULL facility access in case of an emergency.
(27) CONTACT TITLE -- the title of the primary contact.
(28) BUSINESS PHONE -- the business phone number for the primary contact.
(29) 24-HOUR PHONE -- the 24-hour phone number for the primary contact -- home or answering service.
(30) PAGER NUMBER -- the pager phone number for the primary contact, if available.

EMERGENCY CONTACTS -- SECONDARY

- (31) CONTACT NAME -- the name of the facility representative that has FULL facility access in case of an emergency if the primary contact is unavailable.
(32) CONTACT TITLE -- the title of the secondary contact.
(33) BUSINESS PHONE -- the business phone number for the secondary contact.
(34) 24-HOUR PHONE -- the 24-hour phone number for the secondary contact -- home or answering service.
(35) PAGER NUMBER -- the pager phone number for the secondary contact, if available.
(36) None

ADDITIONAL LOCALLY COLLECTED INFORMATION

- (37) ASSESSOR'S PARCEL NUMBER -- the Assessor's number for the facility site or legal description of the property.

CERTIFICATION

- (38) DOCUMENT PREPARER -- print the full name of the person who prepared the inventory submittal information.
(39) OWNER/OPERATOR SIGNATURE -- the business owner/operator or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that all information contained in the inventory report is true, accurate, and complete.
(40) DATE -- the date that the document was signed (MM/DD/YYYY).

**INSTRUCTIONS FOR COMPLETING
BUSINESS OPERATIONS – PROCESS DESCRIPTION PAGE
OF UNIFIED WASTE MANAGEMENT PLAN**

1. Complete Business Name same as on the Business Owner Identification Page.
2. Complete Phone Number
3. **PROCESS DESCRIPTION**—Provide a detailed process description of the major processes conducted at this facility. Include process input, outputs, by-products, products, and waste streams. Process may be described using process flow diagrams, if preferred. Please indicate which processes generate industrial wastewater and how that wastewater is ultimately managed. Also note those processes that generate hazardous wastes and how those waste are managed onsite and disposed of off-site.

EXAMPLE:

Solvent Parts Cleaning: A 20-gallon solvent tank supplies solvent to a Parts Cleaning Tank. The solvent being used is a petroleum naphtha with a flashpoint of 150° F Soiled parts are placed into parts reservoir, filtered solvent is applied to parts, a brush is used to physically remove debris, solvent drains through a filter before returning to solvent reservoir. Make-up solvent is added, and solvent sludge is removed for disposal/recycling. This unit is serviced 1/4months generating 1 gallon of waste solvent sludge. This material is collected by Emerald Services for fuel blending for energy recovery.

4. **SIGNATURES BLOCK.** Complete signature block certifying the accuracy of the information submitted. Sign and date.
5. **CONTINUATION SHEET.** Complete additional sheets as necessary to provide a complete description of facility processes.

KITSAP COUNTY UNIFIED HAZARDOUS MATERIALS PLAN
Hazardous Material Inventory Form - Chemical Description Page

ADD DELETE REVISE

PAGE OF

BUSINESS NAME

CHEMICAL LOCATION

MAP # GRID #

CHEMICAL NAME	<input type="text"/>	GENERATOR STATUS (HAZADOUS WASTE GENERATED/MONTH)	<input type="checkbox"/> CESQG (≤ 220 #/MO) <input type="checkbox"/> SQG (220-2200 #/MO) <input type="checkbox"/> LQG (> 2200 #/MO)																					
COMMON NAME	<input type="text"/>																							
COMMON USAGE	<input type="text"/>																							
CAS #	<input type="text"/>																							
FIRE CODE HAZARD CLASSES *	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">FIRE</td> <td style="width:20%;">REACTIVE</td> <td style="width:20%;">PRESSURE RELEASE</td> <td style="width:20%;">ACUTE HEALTH</td> <td style="width:20%;">CHRONIC HEALTH</td> </tr> <tr> <td> <input type="checkbox"/> Flammable Liquids <input type="checkbox"/> Flammable Solids <input type="checkbox"/> Combustible Liquids <input type="checkbox"/> Pyrophorics <input type="checkbox"/> Oxidizers </td> <td> <input type="checkbox"/> Unstable Reactive <input type="checkbox"/> Organic Peroxides <input type="checkbox"/> Water Reactives <input type="checkbox"/> Radioactive </td> <td> <input type="checkbox"/> Explosive <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Blasting Agents <input type="checkbox"/> </td> <td> <input type="checkbox"/> Highly Toxic <input type="checkbox"/> Toxic <input type="checkbox"/> Irritants <input type="checkbox"/> Sensitizers <input type="checkbox"/> Corrosives </td> <td> <input type="checkbox"/> Carcinogen <input type="checkbox"/> _____ </td> </tr> </table>				FIRE	REACTIVE	PRESSURE RELEASE	ACUTE HEALTH	CHRONIC HEALTH	<input type="checkbox"/> Flammable Liquids <input type="checkbox"/> Flammable Solids <input type="checkbox"/> Combustible Liquids <input type="checkbox"/> Pyrophorics <input type="checkbox"/> Oxidizers	<input type="checkbox"/> Unstable Reactive <input type="checkbox"/> Organic Peroxides <input type="checkbox"/> Water Reactives <input type="checkbox"/> Radioactive	<input type="checkbox"/> Explosive <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Blasting Agents <input type="checkbox"/>	<input type="checkbox"/> Highly Toxic <input type="checkbox"/> Toxic <input type="checkbox"/> Irritants <input type="checkbox"/> Sensitizers <input type="checkbox"/> Corrosives	<input type="checkbox"/> Carcinogen <input type="checkbox"/> _____										
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TYPE	<input type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE																							
PHYSICAL STATE	<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> GAS <input type="checkbox"/> RADIOACTIVE																							
WA STATE WASTE CODE	<input type="text"/>		MAX DAILY AMT	<input type="checkbox"/> UNITS <input type="checkbox"/> CONTAINERS																				
LARGEST CONTAINER	<input type="text"/>	UNITS	AMT	<input type="text"/>																				
STORAGE CONTAINER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> ABOVE GROUND TANK</td> <td><input type="checkbox"/> CAN</td> <td><input type="checkbox"/> BOX</td> <td><input type="checkbox"/> TANK WAGON</td> </tr> <tr> <td><input type="checkbox"/> UNDER GROUND TANK</td> <td><input type="checkbox"/> CARBOY</td> <td><input type="checkbox"/> CYLINDER</td> <td><input type="checkbox"/> RAIL CAR</td> </tr> <tr> <td><input type="checkbox"/> TANK INSIDE BUILDING</td> <td><input type="checkbox"/> SILO</td> <td><input type="checkbox"/> GLASS BOTTLE</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> STEEL DRUM</td> <td><input type="checkbox"/> FIBER DRUM</td> <td><input type="checkbox"/> PLASTIC BOTTLE</td> <td><input type="checkbox"/> OTHER</td> </tr> <tr> <td><input type="checkbox"/> PLASTIC/NONMETALLIC DRUM</td> <td><input type="checkbox"/> BAG</td> <td><input type="checkbox"/> TOTE BIN</td> <td></td> </tr> </table>				<input type="checkbox"/> ABOVE GROUND TANK	<input type="checkbox"/> CAN	<input type="checkbox"/> BOX	<input type="checkbox"/> TANK WAGON	<input type="checkbox"/> UNDER GROUND TANK	<input type="checkbox"/> CARBOY	<input type="checkbox"/> CYLINDER	<input type="checkbox"/> RAIL CAR	<input type="checkbox"/> TANK INSIDE BUILDING	<input type="checkbox"/> SILO	<input type="checkbox"/> GLASS BOTTLE	<input type="checkbox"/>	<input type="checkbox"/> STEEL DRUM	<input type="checkbox"/> FIBER DRUM	<input type="checkbox"/> PLASTIC BOTTLE	<input type="checkbox"/> OTHER	<input type="checkbox"/> PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> BAG	<input type="checkbox"/> TOTE BIN	
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<input type="checkbox"/> STEEL DRUM	<input type="checkbox"/> FIBER DRUM	<input type="checkbox"/> PLASTIC BOTTLE	<input type="checkbox"/> OTHER																					
<input type="checkbox"/> PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> BAG	<input type="checkbox"/> TOTE BIN																						

	% WT	HAZARDOUS COMPONENT	EHS	CAS #
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>

INSTRUCTIONS

Hazardous Material Inventory Form - Chemical Description Page

Complete an inventory form for each hazardous chemical used at the facility. This information is normally available on the Material Safety Data Sheet for the chemical or the applicant may choose to submit an MSDS for each chemical used on-site including the highlighted information.

- (1) **ADD, DELETE, REVISE** -- check the appropriate box to identify if the chemical is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised.
- (2) **PAGE NUMBER** -- the number of this page.
- (3) **TOTAL PAGES** -- the number of total pages in the inventory including the Owner/Operator identification page.
- (4) **BUSINESS NAME** -- the full legal name of the business as entered on the Business Owner/Operator page.
- (5) **CHEMICAL LOCATION** -- the building or outside/adjacent area where the hazardous material is handled. Multiple locations within a building can be reported on a single page.
- (6) **MAP #** -- the number of the map on which the location of the hazardous material is shown.
- (7) **GRID #** -- the grid coordinates that correspond to the location of the hazardous material.
- (8) **CHEMICAL NAME** -- the proper chemical name associated to the Chemical Abstract Service (CAS) number of the hazardous material.
- (9) **COMMON NAME** -- the common name or trade name of the hazardous material or mixture containing a hazardous material.
- (10) **COMMON USAGE** -- the common usage of the material within the facility and/or process (i.e., hydrochloric acid—etchant in plating process).
- (11) **CAS #** -- the Chemical Abstract Service (CAS) number for the hazardous material. If the mixture has no CAS number, leave this column blank and report the CAS number of the individual hazardous components in the appropriate section below.
- (12) **FIRE CODE HAZARD CLASS** -- mark the appropriate hazard class for the chemical (may be more than 1).
- (13) **TYPE OF MATERIAL** -- check the box that best describes the type of hazardous material. If waste material, check only that box.
- (14) **RADIOACTIVE** -- check *Y* for yes if the hazardous material is radioactive, or *N* for no if it is not.
- (15) **CURIES** -- if the hazardous material is radioactive, use this area to report the activity in curies.
- (16) **PHYSICAL STATE** -- check the one box that best describes the state in which the hazardous material is handled.
- (17) **STATE WASTE CODE** -- if a waste, enter the appropriate hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
- (18) **LARGEST CONTAINER** -- provide the total capacity of the largest container in which the material is stored.
- (19) **UNIT OF MEASURE** -- check the unit of measure that is most appropriate for the material being inventoried: gallons for liquids, pounds for solids, or cubic feet for gases. **NOTE: All Extremely Hazardous Substances must be reported in pounds.**
- (20) **MAX DAILY AMT** -- the maximum amount of each hazardous material or mixture that is handled in a building of the facility at any one time over the course of the year. Report either in # of units or # of containers (container size specified in 18 above).
- (21) **ANNUAL WASTE AMT** -- if the hazardous material being inventoried is a waste as indicated in box 14, provide an estimate of the annual amount handled.
- (22) **STORAGE CONTAINER** -- check the box(es) that describe the type of storage containers in which the hazardous material is stored.
- (23) **% WEIGHT** -- enter the percentage weight of the hazardous components in a mixture. If a range of percentages is given, report the highest percentage in that range.
- (24) **COMPONENT** -- if a mixture, list up to five chemical names of hazardous components in that mixture by percent weight. When reporting waste mixtures, mineral and chemical composition should be listed.
- (25) **CAS #** -- list all **C**hemical **A**bstract **S**ervice (CAS) number as they relate to the hazardous components in the mixture.

FORM E

UNIFIED HAZARDOUS MATERIAL PLAN

I.D. #

EMERGENCY RESPONSE PLAN
or Hazardous Waste Contingency Plan

Kitsap County

Date:

SECTION I-A: BUSINESS IDENTIFICATION DATA

BUSINESS NAME

SITE ADDRESS

CITY

ZIP CODE

FACILITY UNIT

TELEPHONE NUMBER

MANUFACTURING OPERATIONS

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. KCHD-Septic Permit #	6. Water District
2. Well Registration (Private) #	7. Hazardous Waste Generator #
3. Building Permit #	8. Responding Fire Dept & Permit #
4. Sewer District	9. PSCAA Permit #
5. Stormwater Sewer Jurisdiction	10. Other

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 remained of the Emergency Response / Contingency Plan).

2. This plan **requires no change** and is on file with Kitsap County Unified Hazardous Materials Program and does not need any change.

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 by dialing 911, by whomever first sights the incident. In the event of release or spill of hazardous materials, you must also notify:

1. Kitsap County Department of Emergency Management (DEM) or Local Fire District: DIAL 911
2. Ecology NWRO – Spill Tracker - 1 (425) 649-7000
3. Kitsap County Health District (KCHD) -- business hours – dial (360) 337-5235, After hours -- DIAL 911.
4. Surface and Storm Water Management (SSWM)

Kitsap County	(360) 337-7290	After Business	911
Bremerton	(360) 478-5920	After Business	911
Port Orchard	(360) 876-4991	After Business	911
Bainbridge Island	(206) 842-2016	After Business	911
Poulsbo	(360) 779-4078	After Business	911

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

NAME	POSITION
Individual responsible for calling the Ecology and the KCHD and the Department of Emergency Management (Normally the Emergency Coordinator of your business.)	

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

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 If **yes, describe 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.**

E. 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. Do not list telephone numbers for private residences.

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. (Use additional sheets if necessary. Use our format if computerized.)

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.

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

Item	Use	Location	Maintenance Procedure

3. **Evacuation** – Describe how you will immediately notify and evacuate your facility. What communications or alarms are used? How will you operate these during power failure?

4. Shutdown – Describe the shutdown procedures for the facility.

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

Fire:

Explosion:

Spill:

Severe Ground Motion:

Major Power Failure:

Flood:

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

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

6. Clean-Up (Remove the Hazard) -- How do you handle the complete process of cleaning up, and disposing of related materials at your facility?

G. Location -- Your business is required to keep a copy of the Hazardous Materials/Waste Management Plan and related MSDS sheets on-site. Describe where this information is located.

H. Training – Describe training on emergency response procedures provided to employees? (initial, annual refresher, etc.,)

**FORM E -- HAZARDOUS MATERIALS EMERGENCY RESPONSE PLAN
or Hazardous Waste Contingency Plan**

Section I-A: Business Identification Data

Although your business identification was entered on the Business & Owner/Operator Identification Page, please also complete the entire section here. You will note that the form asks for both "Site Address" and "Facility Unit". Some businesses are large enough to have several facilities on one site. In your plan preparation, you may be able to design a "generic" plan, but for certain facilities you may also need to develop a more specific subplan. For #4, enter name of fire agency issuing permit as well as permit number.

Section 1-B: Owner Certification of Data

This section contains certifications relating to the accuracy of the Form E plans. Check appropriate box and sign certification. If you are submitting a new plan or making substantive changes to an existing Emergency Response Plan, please check the appropriate box and complete Section II. If your existing Emergency Response Plan is already on file with the Health District and local fire agency and the Plan does not need any change, certify this in the space provided.

Section II: Emergency Response Plans and Procedures

- A. Reporting requirements for release, spill, or fire (requirements as stated). "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. Please include both the name(s) and company position(s) for individual(s) responsible for verifying calls to: 911 or local Fire District, the Washington Department of Ecology, the Bremerton-Kitsap County Health District, and the Kitsap County Department of Emergency Management.
- B. Local emergency medical facility information is for your reference in the event of an emergency.
- C. An Emergency Coordinator must be appointed and be responsible for managing hazardous material emergencies, coordinating all emergency response measures, and must be thoroughly familiar with the site and facility emergency response plan, the site or facility's operations, its hazardous materials, and its layout. Other tasks of the Emergency Coordinator may include: writing the emergency response plan, updating it when necessary, and training personnel in its use. This information must be kept up-to-date.
- D. Indicate whether or not your business has an on-site emergency response team for responding to hazardous materials emergencies. Describe the procedures used to notify the members of this team in the event of an emergency.
- E. List the neighboring properties and include sensitive facilities such as hospitals, schools, and rest homes that are within 1,000 feet of your business property. Include the compass direction from your facility -- North, South, East and West.
- F-1. Describe the prevention actions and accident potential risk reduction procedures to be taken by your business to reduce and prevent hazardous material emergencies from occurring.
- F-2. List the available equipment at your facility, e.g., fire extinguishing systems, spill control equipment, decontamination equipment, etc. Specify equipment use, location and maintenance requirements.
- F-3. Enter the description of your evacuation procedures to immediately notify and evacuate employees and/or customers. It is also important to specify emergency exits, alternatives, and staging areas.
- F-4. Describe the specific shutdown procedures where applicable. For example:
1. If a hazardous material release occurs, explain how to shut off the source of the release, consistent with common sense and safety.
 2. Indicate the posting location of emergency shutdown procedures. These should be posted in a conspicuous location wherever hazardous materials are present.
 3. For flammable materials, how do you eliminate all ignition sources, shut off the electricity, gas, and motorized equipment.
- F-5a. Describe the actions taken to reduce or stop any harm or damage resulting from the release. Example: If the release is in the form of a spill, and it is safe to handle, indicate how the spill would be directed to a safe location through diking with inert (chemically non-reactive) materials such as dry sand, dirt, or kitty litter. Directions on how you will handle different types of spills (e.g., use of absorbent, shoveling dry material, or by referring to the Material Safety Data Sheet) should be outlined.
- F-5b. Indicate whether your facility is located in a 100 year flood plain. Indicate how you will protect hazardous materials in the event of a flood.
- F-5c. Also, identify areas of the site/facility and mechanical or other systems that require immediate isolation, inspection, or shutdown in the event of an earthquake or severe ground motion.
- F-6. Describe the procedures your personnel will follow to remove and clean-up a hazardous materials spill/release. Detail the steps to be taken for clean-up, disposal, documentation, following the release of hazardous materials.
- G. Describe the specific location at your site where this Unified Waste Management Plan will be found.

I.D. #

FORM M -- MAP GRID

Kitsap County

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
1															1
2															2
3															3
4															4
5															5
6															6
7															7
8															8
9															9
10															10
11															11
12															12
13															13
14															14
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	

Draw to approximate scale or proportion

Business Name:	Date:
Address:	
Number of Employees in Facility Depicted Above - Day =	Night =
Page	of

OFFICIAL INFORMATION ONLY

OUTSIDE PLACARD

INSIDE PLACARD

FORM M -- MAP GRID

- A. **GENERAL SITE MAP LAYOUT** -- Please use 8 1/2" x 11" size paper only. For large sites, consider using a general layout on one page followed by other 8 1/2" x 11" pages showing quadrant enlargements. Please Note: If your business site is in a remote area, you will need to include a diagram which can be used to provide directions to the site. A copy of a road map will suffice provided it is no larger than 8 1/2" x 11".

General Site Maps must include:

1. Outline of buildings, facilities and areas within the property to approximate scale.
2. Site orientation (North arrow).
3. Loading areas.
4. Parking lots.
5. Internal roads.
6. Storm and sewer drains.
7. Well and septic location (if applicable).
8. Designation of adjacent property use, such as commercial, vacant, residential, school, etc.
9. Locations and names of adjacent streets, alleys, or access.
10. Access and egress points; evacuation routes, emergency exits, and staging areas.
11. Location of nearest fire hydrant.

- B. **INDIVIDUAL FACILITY / BUILDING / AREA MAPS** -- the General Site Map, especially for a larger business, may depict separate buildings, facilities, or areas that are part of the property. In some cases not all of these buildings/ facilities, or areas will be dedicated to storage or use of hazardous materials. But for those that are engaged in storage and/or use, you will need to draw a map.

Again, use only 8 1/2" x 11" size paper. Use symbols but not colors to differentiate items. Colors do not copy well.

The Individual Facility / Building / Area Maps must be approximate scale and:

1. Show, for multi-story buildings, a floor diagram for each floor.
2. Show the location of each hazardous material use or storage area and identify types of materials stored or used in that area.
3. Show type of storage -- including above ground, below ground, and partially buried storage tanks, pallets, cylinders, pipelines, rail cars, truck trailers, etc.
4. Show location of emergency notification systems and also emergency shutdown systems. The map must also show emergency response equipment, such as fire extinguishers and other equipment for fire suppression, materials for mitigation and clean-up of hazardous spills, breathing apparatus, protective clothing, first-aid equipment, and medical supplies.
5. Show evacuation routes, emergency exits, alternative escape routes, and personnel staging areas. Also give us an idea of the number of personnel that might be in the facility at any one time.
6. Show where Unified Hazardous Materials Plan data is stored, including the Emergency Response and Hazardous Waste Contingency Plans, as well as the Materials Safety Data Sheets.