

ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
1131 HARBOR BAY PARKWAY, ALAMEDA, CA 94502 (510) 567-6702 FAX (510) 337-9335
<http://www.acgov.org/aceh>

Hazardous Materials Business Plan and Aboveground Petroleum Storage Tanks Inspection Checklist										
Facility ID#		Facility Name		Facility Address						
Inspector				Inspection Date						
Compliance status is evaluated for each item on this Checklist as follows: NVO = No Violations Observed V = Violation N/A = Not Applicable RV = Repeat Violation				<u>POST INSPECTION PROGRAM STATUS:</u> NO VIOLATIONS OBSERVED MINOR MINOR-CORRECTED CLASS II CLASS I						
Violation Code	Authority	Requirement	Compliance Status							
			NVO	V	N/A	RV				
HM00	ALCO Title 6 6.92.050	Has a valid ACDEH Operating Permit.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM01	CHSC 25503.5	A business shall establish and implement a business plan for emergency response to a release or threatened release of a hazardous material in accordance with the standards prescribed in the regulations adopted pursuant to Section 25503, if the business handles a hazardous material or a mixture containing a hazardous material that has a quantity at any one time during the reporting year that is any of the following: (A) Equal to, or greater than, a total weight of 500 pounds or a total volume of 55 gallons. (B) Equal to, or greater than, 200 cubic feet at standard temperature and pressure, if the substance is compressed gas. (Note: If a HMBP has not been submitted, then code items HM02 through HM07 will be in violation).	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM02	19 CCR 2729.2(a)(1)	Adequate submission/completion of Business Activities & Owner/Operator Identification forms.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM03	19 CCR 2729.2(a)(2)	Adequate submission/completion of chemical inventory forms.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM04	19 CCR 2729.5c	Annual submission of the Business Activities form, Owner/Operator Identification form and chemical inventory forms when required by EPCRA (if storing > 10,000 pounds of a hazardous material or an amount ≥ the TPQ or 500 lbs [whichever is less] for an extremely hazardous material).	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM05	19 CCR 2729.2(a)(3)	Adequate submission/completion of site map.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM06	CHSC 25504	Adequate submission/completion/retention of written Contingency Plan.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM07	CHSC25505(e)(2)	HMBP is maintained on-site and/or is accessible.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM08	CHSC 25504(c) & 19 CCR 2732	Initial employee training program for hazardous materials/emergency response has been implemented within 6 months of hire.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM09	CHSC 25504(c) & 19 CCR 2732	Annual hazardous materials/emergency response refresher component of the employee training program has been implemented.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM10	19 CCR 2731(c)	MSDS (Material Safety Data Sheets) are accessible.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM11	19 CCR 2731(c)	Emergency shutoffs for chemical processes or equipment are labeled.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM12	19 CCR 2731(c)	Emergency equipment (such as fire extinguishers, spill prevention & alarm equipment) tested & maintained as necessary (e.g. fire extinguishers assessed annually).	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM13	19 CCR 2731(c)	Spill control and spill mitigation materials are available (e.g. absorbents, rags, or shop vacuum).	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM14	19 CCR 2731(c)	All containers are kept closed unless in use.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM15	19 CCR 2731(c)	All containers are in good condition.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM16	19 CCR 2731(c)	Containers stored in a manner to prevent rupture, leaking or structural deterioration.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM17	19 CCR 2731(c)	Containers are compatible with contents.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM18	19 CCR 2731(c)	Containers are properly labeled.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM19	22 CCR 66261.7	Containers of hazardous materials are disposed of properly when empty.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM20	19 CCR 2731(c)	All spills promptly addressed to prevent discharge to air, soil or surface water.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
HM21	19 CCR 2731(c)	Storage area is maintained to separate incompatible materials.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
AST00	CHSC 2527.4.5(a)	Facility storing petroleum in eligible ASTs (total capacity ≥1320 gallons) has a Spill Prevention Control and Countermeasure Plan (SPCC) on site.	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><i>Facility Representative Signature</i></td> <td style="width: 33%; border: none;"><i>Printed Name</i></td> <td style="width: 33%; border: none;"><i>Date</i></td> </tr> </table>								<i>Facility Representative Signature</i>	<i>Printed Name</i>	<i>Date</i>
<i>Facility Representative Signature</i>	<i>Printed Name</i>	<i>Date</i>								