

HAZARDOUS MATERIALS MANAGEMENT PLAN (HMMP) INSTRUCTIONS

SECTION I—FACILITY DESCRIPTION

1.1 Part A

1. Fill out the general information sheet.
2. Only Part A of this section is required to be updated and submitted annually, or within 30 days of a change.

1.2 Part B—General Facility Description (Site Plan)

1. Provide a site plan on 8¹/₂- by 11-inch (215 mm by 279 mm) paper, using letters on the top and bottom margins and numbers on the right and left side margins, showing the location of all buildings, structures, chemical loading areas, parking lots, internal roads, storm and sanitary sewers, wells, and adjacent property uses. Indicate the approximate scale, northern direction and date the drawing was completed.
2. List all special land uses within 1 mile (1.609 km).

1.3 Part C—Facility Storage Map (Confidential Information)

1. Provide a floor plan of each building on 8¹/₂- by 11-inch (215 mm by 279 mm) paper, using letters on the top and bottom margins and numbers on the right and left side margins, with approximate scale and northern direction, showing the location of each storage area. Mark map clearly "Confidential—Do not disclose" for trade-secret information as specified by federal, state and local laws.
2. Identify each storage area with an identification number, letter, name or symbol.
3. Show the following:
 - 3.1 Accesses to each storage area.
 - 3.2 Location of emergency equipment.
 - 3.3 The general purpose of other areas within the facility.
 - 3.4 Location of all aboveground and underground tanks to include sumps, vaults, below-grade treatment systems, piping, etc.
4. Map key. Provide the following on the map or in a map key or legend for each storage area:
 - 4.1 A list of hazardous materials, including wastes.
 - 4.2 Hazard class of each hazardous waste.
 - 4.3 The maximum quantity for hazardous materials.
 - 4.4 Include the contents and capacity limit of all tanks at each area and indicate whether they are above or below ground.
 - 4.5 List separately any radioactives, cryogenics and compressed gases for each facility.
 - 4.6 Trade-secret information shall be listed as specified by federal, state and local laws.

SECTION II—HAZARDOUS MATERIALS INVENTORY STATEMENT (HMIS)

2.1 Part A—Declaration

Fill out all appropriate information.

2.2 Part B—Inventory Statement

1. You must complete a separate inventory statement for all waste and nonwaste hazardous materials. List all hazardous materials in alphabetical order by hazard class.
2. Inventory Statement Instructions

| Column | Information Required |
|--------|--|
| 1 | Provide hazard class for each material. |
| 2 | Nonwaste. Provide the common or trade name of the regulated material. Waste. In lieu of trade names, you may provide the waste category. |
| 3 | Provide the chemical name and major constituents and concentrations, if a mixture. |
| 4 | Enter the chemical abstract service number (CAS number) found in 29 C.F.R. For mixtures, enter the CAS number of the mixture as a whole if it has been assigned a number distinct from its constituents. For a mixture that has no CAS number, leave this item blank or report the CAS numbers of as many constituent chemicals as possible. |
| 5 | Enter the following descriptive codes as they apply to each material. You may list more than one code, if applicable. P = Pure M = Mixture S = Solid L = Liquid G = Gas |
| 6 | 6.1 Provide the maximum aggregate quantity of each material handled at any one time by the business. For underground tanks, list the maximum volume [in gallons (liters)] of the tank. 6.2 Enter the estimated average daily amount on site during the past year. |
| 7 | Enter the units used in Column 6 as: LB = Pounds GA = Gallons CF = Cubic Feet |
| 8 | Enter the number of days that the material was present on site (during the last year). |
| 9 | Enter the storage codes below for type, temperature and pressure. |

| Type | | Temperature | |
|------|-------------------------------|-------------|---|
| A | = Aboveground Tank | 4 | = Ambient |
| B | = Belowground Tank | 5 | = Greater than Ambient |
| C | = Tank inside Building | 6 | = Less than Ambient, but not Cryogenic [less than -150°F (-101.1°C)] |
| D | = Steel Drum | 7 | = Cryogenic conditions [less than -150°F (-101.1°C)] |
| E | = Plastic or Nonmetallic Drum | | |
| F | = Can | | |
| G | = Carboy | | |
| H | = Silo | | |
| I | = Fiber Drum | | |
| J | = Bag | | |
| K | = Box | | |
| L | = Cylinder | | |
| M | = Glass Bottle or Jug | | |
| N | = Plastic Bottles or Jugs | | |
| O | = Tote Bin | | |
| P | = Tank Wagon | | |
| Q | = Rail Car | | |
| R | = Other | | |

| Pressure | |
|----------|---|
| 1 | = Ambient (Atmospheric) |
| 2 | = Greater than Ambient (Atmospheric) |
| 3 | = Less than Ambient (Atmospheric) |

- 10 For each material listed, provide the SARA hazard class as listed below. You may list more than one class. These categories are defined in 40 C.F.R. 370.3.

Physical Hazards

- F = Fire
P = Sudden Release of Pressure
R = Reactivity

Health Hazards

- I = Immediate (Acute)
D = Delayed (Chronic)

- 11 Waste Only. For each waste, provide the total estimated amount of hazardous waste handled throughout the course of the year.

SECTION III—SEPARATION AND MONITORING

3.1 Part A—Aboveground

Fill out Items 1 through 6, or provide similar information for each storage area shown on the facility map. Use additional sheets as necessary.

3.2 Part B—Underground

1. Complete a separate page for each underground tank, sump, vault, below-grade treatment system, etc.
2. Check the type of tank and method(s) that applies to your tank(s) and piping, and answer the appropriate questions. Provide any additional information in the space provided or on a separate sheet.

SECTION IV—WASTE DISPOSAL

Check all that apply and list the associated wastes for each method checked.

SECTION V—RECORD KEEPING

Include a brief description of your inspection procedures. You are also required to keep an inspection log and recordable discharge log, which are designed to be used in conjunction with routine inspections for all storage facilities or areas. Place a check in each box that describes your forms. If you do not use the sample forms, provide copies of your forms for review and approval.

SECTION VI—EMERGENCY-RESPONSE PLAN

1. This plan should describe the personnel, procedures and equipment available for responding to a release or threatened release of hazardous materials that are stored, handled or used on site.
2. A check or a response under each item indicates that a specific procedure is followed at the facility, or that the equipment specified is maintained on site.
3. If the facility maintains a more detailed emergency-response plan on site, indicate this in Item 5. This plan shall be made available for review by the inspecting jurisdiction.

SECTION VII—EMERGENCY-RESPONSE TRAINING PLAN

1. This plan should describe the basic training plan used at the facility.
2. A check in the appropriate box indicates the training is provided or the records are maintained.
3. If the facility maintains a more detailed emergency-response training plan, indicate this in Item 4. This plan shall be made available for review by the inspecting jurisdiction.

SECTION 1.1 PART A - GENERAL INFORMATION

| | | |
|---|---|---|
| Business Name | Address | Phone |
| Person Responsible for the Business | Title | Phone |
| Emergency Contacts/Coordinators | Title | Home Phone Work Phone |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Person Responsible for the Application/Principal Contact | Title | Phone |
| Property Owner | Business Address Home Address | Work Phone Home Phone |
| Principle Business Activity | Number of Employees | Number of Shifts Shift Change Times |
| Hours of Operation | Miscellaneous Information | # of Employees Assigned to each Shift |
| | | A: _____ B: _____ C: _____ |

(Must be signed by owner/operator or designated representative)

Declaration - I certify that the information above and on the following parts is true and correct to the best of my knowledge.

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

SECTION 1.2 PART B - GENERAL FACILITY DESCRIPTION (SITE PLAN)

| | | | | | | | | | | | | | | | |
|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| | 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 |
| 15 | | | | | | | | | | | | | | | 15 |
| 16 | | | | | | | | | | | | | | | 16 |
| 17 | | | | | | | | | | | | | | | 17 |
| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | |

| | | |
|--|-------|---------------------|
| Business Name: | | Date |
| Address: | City: | Page _____ of _____ |
| Number of employees in facility depicted above _____ | | |

SECTION 1.3 PART C - FACILITY STORAGE MAP (CONFIDENTIAL INFORMATION)

| | | | | | | | | | | | | | | | |
|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| | 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 |
| 15 | | | | | | | | | | | | | | | 15 |
| 16 | | | | | | | | | | | | | | | 16 |
| 17 | | | | | | | | | | | | | | | 17 |
| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | |

| | | |
|--|-------|---------------------|
| Business Name: | | Date |
| Address: | City: | Page _____ of _____ |
| Number of employees in facility depicted above _____ | | |

**SECTION III: SEPARATION, SECONDARY CONTAINMENT AND MONITORING
PART A—ABOVEGROUND STORAGE AREAS**

Storage Area Identification (as shown on facility map): _____

1. Storage Type:

| | |
|---|--|
| <input type="checkbox"/> Original Containers <input type="checkbox"/> Inside Machinery <input type="checkbox"/> 55-gallon (208.2 L) <input type="checkbox"/> Drums or Storage Shed <input type="checkbox"/> Pressurized Vessel <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Safety Cans <input type="checkbox"/> Bulk Tank <input type="checkbox"/> Outside Barrels |
|---|--|

2. Storage Location:

| | |
|--|---|
| <input type="checkbox"/> Inside Building | <input type="checkbox"/> Outside Building <input type="checkbox"/> Secured |
|--|---|

3. Separation:

| | |
|---|---|
| <input type="checkbox"/> All Materials <input type="checkbox"/> Compatible <input type="checkbox"/> Separated by 20 Feet (6096 mm) <input type="checkbox"/> Other: _____ | <input type="checkbox"/> One-hour Separation <input type="checkbox"/> Wall/Partition <input type="checkbox"/> Approved Cabinets |
|---|---|

4. Secondary Containment:

| | |
|--|--|
| <input type="checkbox"/> Approved Cabinet <input type="checkbox"/> Tray <input type="checkbox"/> Vaulted Tank <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Secondary Drums <input type="checkbox"/> Bermed, Coated Floor <input type="checkbox"/> Double-wall Tank |
|--|--|

5. Monitoring:

| | |
|--|-------------------------------------|
| <input type="checkbox"/> Visual <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Continuous |
|--|-------------------------------------|

Attach specifications if necessary

6. Monitoring Frequency:

| | |
|---|---------------------------------|
| <input type="checkbox"/> Daily <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Weekly |
|---|---------------------------------|

Attach additional sheets as necessary

**SECTION III: SEPARATION, CONTAINMENT AND MONITORING
PART B—UNDERGROUND**

SINGLE-WALL TANKS AND PIPING

Tank Area Identification (as shown on facility map): _____

1. Backfill Vapor Wells—
 Model and Manufacturer: _____
 Continuous or Monthly Testing: _____
2. Groundwater Monitoring Wells
3. Monthly Precision Tank Test
4. Piping—
 Monitoring Method: _____
 Frequency: _____
5. Other: _____

DOUBLE-WALL TANKS AND PIPING

Tank Area Identification (as shown on facility map): _____

1. Method of monitoring the annular space: _____
2. Frequency:

| | | |
|---------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Continuous | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Other: _____ | | |
3. List the type of secondary containment for piping: _____
4. List the method of monitoring the secondary containment for piping: _____
5. Are there incompatible materials within the same vault?
 Yes No
 If yes, how is separate secondary containment provided? _____

Note: If you have continuous monitoring equipment, you shall maintain copies of all service and maintenance work. Such reports shall be made available for review on site, and shall be submitted to the fire prevention bureau upon request.

Attach additional sheets as necessary

SECTION IV: WASTE DISPOSAL

| | |
|--|---|
| <input type="checkbox"/> Discharge to the Sanitary Sewer—Wastes: _____ _____ _____ | <input type="checkbox"/> Prerreatment—Wastes: _____ _____ _____ |
| <input type="checkbox"/> Licensed Waste Hauler—Wastes: _____ _____ _____ | <input type="checkbox"/> Recycle—Wastes: _____ _____ _____ |
| <input type="checkbox"/> Other—Describe Method: _____ Wastes: _____ _____ _____ | |
| <input type="checkbox"/> No Waste | |

SECTION V: RECORD KEEPING

Description of our inspection program: _____

We will use the attached sample forms in our inspection program.
 We will not use the sample forms. We have attached a copy of our own forms.

SECTION VI: EMERGENCY-RESPONSE PLAN

1. In the event of an emergency, the following shall be notified:

A. On-site Responders:

| Name | Title | Phone |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

B. Method of Notification to Responder:

| | |
|-----------------------|--------------|
| _____ Automatic Alarm | _____ Phone |
| _____ Manual Alarm | _____ Verbal |
| _____ Other: _____ | |

C. Agency

Phone Number

| | |
|---|-------|
| Fire Department: _____ | _____ |
| State Office of Emergency Services: _____ | _____ |
| Other: _____ | _____ |

2. Designated Local Emergency Medical Facility:

| Name | Address | Phone (24 hours) |
|-------|---------|------------------|
| _____ | _____ | _____ |

3. Mitigation Equipment:

A. Monitoring Devices:

| | |
|--|--|
| _____ Toxic or flammable gas detection | |
| _____ Fluid detection | |
| _____ Other: _____ | |

B. Spill Containment:

| | |
|------------------|--------------------|
| _____ Absorbents | _____ Other: _____ |
|------------------|--------------------|

C. Spill Control and Treatment

| | |
|----------------------|------------------------------|
| _____ Vapor Scrubber | _____ Mechanical Ventilation |
| _____ Pumps/vacuums | _____ Secondary Containment |
| _____ Neutralizer | _____ Other: _____ |

4. Evacuation:

- _____ Immediate area evacuation routes posted
- _____ Entire building evacuation procedures developed
- _____ Assembly areas preplanned
- _____ Evacuation maps posted
- _____ Other: _____

5. Supplemental hazardous materials emergency response plan on site.

Location: _____
Responsible Person: _____
Phone: _____

SECTION VII: EMERGENCY-RESPONSE TRAINING PLAN

1. Person responsible for the emergency-response training plan:

| Name | Title | Phone |
|-------|-------|-------|
| _____ | _____ | _____ |

2. Training Requirements:

A. All employees trained in the following as indicated:

- _____ Procedures for internal alarm/notification
- _____ Procedures for notification of external emergency-response organizations
- _____ Location and content of the emergency-response plan

B. Chemical handlers are trained in the following as indicated:

- _____ Safe methods for handling and storage of hazardous materials
- _____ Proper use of personal protective equipment
- _____ Locations and proper use of fire- and spill-control equipment
- _____ Specific hazards of each chemical to which they may be exposed

C. Emergency-response team members are trained in the following:

- _____ Procedures for shutdown of operations
- _____ Procedures for using, maintaining and replacing facility emergency and monitoring equipment

3. The following records are maintained for all employees:

- _____ Verification that training was completed by the employee
- _____ Description of the type and amount of introductory and continuing training
- _____ Documentation on and description of emergency-response drills conducted at the facility

4. A more comprehensive and detailed emergency-response training plan is maintained on site.

Location: _____
Responsible Person: _____
Phone: _____

INSTRUCTIONS FOR COMPLETING THE INVENTORY FORM

"ITEM" List chemicals in sequential order; 1, 2, 3, ... etc.

"CODE" Enter the following descriptive codes as they apply to each material. You may list more than one code if applicable.

P = PURE M = MIXTURE S = SOLID
L = LIQUID G = GAS

"CHEMICAL NAME" List the chemical name as shown on the Material Safety Data Sheet. (MSDS)

"QUANTITY IN STORAGE" Applies to hazardous materials that are not used or dispensed until ready for use.

"QUANTITY USED OPEN" Defined as the use of a solid or liquid hazardous material in a vessel or system that is continuously open to the atmosphere during normal operations and where vapors are liberated, or the product is exposed to the atmosphere during normal operations. Examples of open systems for solids and liquids include dispensing from or into open beakers or containers, and dip tanks and plating operations.

"QUANTITY USED CLOSED" Defined as the use of a solid or liquid hazardous material in a closed vessel or system that remains closed during normal operations where vapors emitted by the product are not liberated outside of the vessel or system and the product is not exposed to the atmosphere during normal operations. This includes all USES of compressed gases. Examples of closed systems for solids and liquids include reaction process operations and product conveyed through a piping system into a closed vessel, system or piece of equipment.

"TOTAL AMOUNT" Defined as the total quantity of all chemicals in storage by the above methods.

"UNIT" Enter the units used. Use the following codes.

LB = POUNDS GA = GALLONS CF = CUBIC FEET

"NFPA 704" This is a classification system published by the National Fire Protection Association and the Uniform Fire Code, Standard 79-3. These resources briefly summarize the Health (H), Flammability (F), Reactivity (R) and Other (O) hazardous characteristics of a substance. If characteristics have not been assigned by NFPA, the facility using the material is responsible for obtaining qualified assistance in making a determination of the characteristics and including them on the inventory form.

"UFC PHYSICAL HAZARD CLASS" This is a Physical Hazard(s) as identified in the Uniform Fire Code.

"UFC HEALTH HAZARD CLASS" This is a Health Hazard(s) as identified in the Uniform Fire Code.

"EHS" Extremely Hazardous Substance (EHS) is defined by SARA Title III. If the material is a EHS, place a check mark in the column.

"MAP REF" Use the map reference to identify storage location(s) of Hazardous Materials.