

**Murrieta Fire & Rescue
Fire Prevention Division**

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**Hazardous Materials Management Plan
(HMMP)**

**Standard 18-5001.5.1
2016 CFC Chapter 50**



APPROVED & AUTHORIZED BY:

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DATE: MAY 1, 2018

HAZARDOUS MATERIALS MANAGEMENT PLAN (HMMP) INSTRUCTIONS

SECTION I – FACILITY DESCRIPTION

1.1 Part A

1. Fill out Items 1 through 11 and sign the declaration
2. **Only Part A of this section is required to be updated and submitted annually, or within thirty (30) days of a change.**

1.2 Part B – General Facility Description (Site Plan)

1. Provide a site plan on 8½ 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 one mile (1,609 km)

1.3 Part C – Facility Storage Map (Confidential Information)

1. Provide a site plan on 8 ½ 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 above-ground 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 STATEMENTS (HMIS)

2.1 Part A – Declaration

Fill out all appropriate information.

2.2 Part B – Inventory Statement

You must complete a separate inventory statement for all waste and non-waste hazardous materials. List all hazardous materials in alphabetical order by hazard class.

2.3 Inventory Statement Instructions:

1. Provide hazard class for each material.
2. Non-waste. 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 for 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 = Mature
 - S = Solid
 - L = Liquid
 - G = Gas
6. 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)] on the tank.
 - 6.1. 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:

<u>Type</u>		<u>Temperature</u>	
A	= Above-ground Tank	4	= Ambient
B	= Below-ground Tank	5	= Greater than Ambient, but not
C	= Tank inside Building		Cryogenic [less than -150°F
D	= Steel Drum		(101.1°C)]

- | | |
|---------------------------------|-------------------------------------------------------|
| E = Plastic or Nonmetallic Drum | 6 = Less than Ambient |
| F = Can | 7 = Cryogenic Conditions [less than -150°F (101.1°C)] |
| G = Carboy | |
| H = Silo | |
| I = Fiber Drum | |
| J = Bag | |
| K = Box | |
| L = Cylinder | |
| M = Glass Bottles or Jugs | |
| 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 – Above-ground

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 – Under-ground

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.

HAZARDOUS MATERIALS MANAGEMENT PLAN

SECTION I: FACILITY DESCRIPTION

PART A – GENERAL INFORMATION

1. Business Name: _____ Phone: _____
Address: _____

2. Person Responsible for the Business:

Name	Title	Home Number/Cell	Work Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Emergency Contacts: _____

4. Person Responsible for the Application/Principle Contact:

Name	Title	Home Number/Cell	Work Number
_____	_____	_____	_____

5. Property Owner:

Name	Title	Home Number/Cell	Work Number
_____	_____	_____	_____

6. Principle Business Activity: _____

7. Number of Employees: _____

8. Number of Shifts: _____

9. Hours of Operation: _____

10. SIC Code: _____

11. Dunn and Bradstreet Number: _____

12. Declaration:

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

Signature: _____ Date: _____

Print Name: _____ Title: _____

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

SECTION I: FACILITY DESCRIPTION

PART C – FACILITY SITE MAP																								
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V		
1																							1	
2																								2
3																								3
4																								4
5																								5
6																								6
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39																								39
40																								40
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V		

BUSINESS NAME:	DATE:
ADDRESS:	PAGE _____ OF _____

HAZARDOUS MATERIALS MANAGEMENT PLAN

SECTION II: HAZARDOUS MATERIALS INVENTORY STATEMENT

PART A – DECLARATION

1. Business Name: _____ Phone: _____
2. Address: _____
3. Declaration: _____

Under penalty of perjury, I declare the above and subsequent information, provided as part of the Hazardous Material Inventory Statement, is true and correct.

Signature: _____ Date: _____
 Print Name: _____ Title: _____

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

Attach all M.S.D.S. sheets to this section.

HAZARDOUS MATERIALS INVENTORY STATEMENT
SECTION III: HAZARDOUS MATERIALS INVENTORY STATEMENT

PART A – ABOVE GROUND STORAGE AREAS

Storage area identification (as shown on facility map): _____

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

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"/> One-hour Separation |
| <input type="checkbox"/> Compatible Wall/Partition | <input type="checkbox"/> Approved Cabinets |
| <input type="checkbox"/> Separated by 50 Feet (6096m) | |
| <input type="checkbox"/> Other: _____ | |
| _____ | |
| _____ | |

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

5. Monitoring:
- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Visual | <input type="checkbox"/> Continuous |
| <input type="checkbox"/> Other: _____ | |
- Attach specifications if necessary.

6. Monitoring Frequency:
- | | |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Other: _____ | |
- Attach specifications if necessary.

HAZARDOUS MATERIALS INVENTORY STATEMENT

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:
_____ Continuous _____ Daily _____ Weekly
_____ 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.

HAZARDOUS MATERIALS INVENTORY STATEMENT

SECTION IV: WASTE DISPOSAL

Discharge to the Sanitary Sewer-Wastes: _____

Pretreatment-Wastes: _____

Licensed Waste Hauler-Wastes: _____

Recycle-Wastes: _____

Other: _____

Describe Method: _____

Wastes: _____

No Waste: _____

Attach waste manifest documents to this section.

SECTION V: RECORD KEEPING

Description of our inspection program: _____

_____ We will use the attached forms in our inspection program.

_____ We will not use the sample forms. We have attached a copy of our own forms.

Responsible Person: _____
Phone: _____

HAZARDOUS MATERIALS INVENTORY STATEMENT

SECTION VII: EMERGENCY TRAINING PLAN

- 6) Person responsible for the emergency-response training plan:

Name	Title	Phone

- 7) Training Requirements:

- A. All employees trained in the following as indicated:

____ Procedures for internal alarm/notification
____ Procedures for notification of external emergency-response plan
____ 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 operation
____ Procedures for using, maintaining and replacing facility emergency and monitoring equipment.

- 8) 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.

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

Location: _____

Responsible Person: _____

Phone: _____