

# Instructions For Completing CERS Consolidated Emergency Response/Contingency Plan

## Introduction

Health and Safety Code (HSC) §25504(b) requires that Hazardous Materials Business Plans (HMBP) contain Emergency Response Plans and Procedures in the event of a reportable release or threatened release of a hazardous material. HSC §25504(c) requires that HMBPs address training of employees in safety procedures in the event of a reportable or threatened release.

Title 22 California Code of Regulations (22 CCR) §66262.34(a) requires facilities that generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, prepare a Contingency Plan. Facilities that generate in any month more than 1 kilogram of acutely hazardous waste (AHW), or more than 100 kilograms of debris resulting from the spill of an AHW, or which treat hazardous waste onsite under the Permit by Rule (PBR) onsite treatment tier must also prepare a Contingency Plan.

The California Environmental Reporting System (CERS) Consolidated Emergency Response/Contingency Plan has been prepared to: unify emergency response and contingency plan requirements for hazardous materials and hazardous wastes; provide for basic contingency planning for an average small to mid-size facility; and incorporate minimal regulatory requirements. Other supplements or amendments may be required for facilities of exceptional size or having exceptional operations or processes that warrant additional contingency planning. The CERS format is not mandatory. You may instead substitute another emergency planning document [e.g., Spill Prevention Control and Countermeasure (SPCC) Plan], provided that it satisfies the HSC and 22 CCR requirements for content.

## General Instructions

- This plan applies to both your non-waste hazardous materials and hazardous waste — keep both in mind as you address each plan section.
- Mark sections that don't apply to your facility with "N/A" for not applicable.
- Be as specific as possible.
- Facilities with unusual employee turnover (e.g., gas stations) may substitute position titles for specific employee names when identifying emergency coordinators or emergency response team members to avoid having to constantly revise the plan due to personnel turnover.
- Review the specific line item instructions before completing your plan to avoid common errors.
- After it is completed and signed/certified, the plan or its equivalent should be scanned and uploaded to CERS as a PDF-format document. Your HMBP will not be complete until it includes this information.

## Specific Line Item Instructions

1. FACILITY ID NUMBER – Enter the "Agency Facility ID" number found on CERS.
- A1. CERS ID – Enter the 8-digit identification number assigned to this facility in CERS.
- A2. DATE OF PLAN PREPARATION/REVISION – Enter the date the plan was prepared or most recently revised.
3. BUSINESS NAME – Enter the name used to identify the facility on CERS.
103. BUSINESS SITE ADDRESS – Enter the site address where the facility is located.
104. CITY – Enter the city or unincorporated area in which the facility is located.
105. ZIP CODE – Enter the 5 or 9 digit zip code for the facility.
- A3. TYPE OF BUSINESS – Briefly describe the type of business (e.g., Drycleaner, Auto Repair, Gas Station).
- A4. INCIDENTAL OPERATIONS – Briefly describe any operations at the facility that are associated with hazardous materials storage or hazardous waste generation, but are not obvious from the description in A2.
- A5. THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING – Check box 2 "HAZARDOUS WASTES" if the facility generates hazardous waste. (Note: Box 1 should always be checked since both waste and non-waste hazardous chemicals are hazardous materials.)
- B1. INTERNAL RESPONSE – Check one or more of the three boxes to indicate how the facility will respond internally to emergency incidents.
- C1. INTERNAL FACILITY EMERGENCY COMMUNICATIONS OR ALARM NOTIFICATION WILL OCCUR VIA – Check one or more of the boxes to indicate how internal alarm notification will occur.

- C2. NOTIFICATIONS TO NEIGHBORING FACILITIES THAT MAY BE AFFECTED BY AN OFF-SITE RELEASE WILL OCCUR BY – Check one or more of the boxes to indicate how neighboring facilities will be notified of off-site releases.
- C3. LOCAL UNIFIED PROGRAM AGENCY PHONE – Enter the phone number of the local UPA that implements the Hazardous Materials Business Plan (HMBP) and hazardous waste generator Unified program elements. If there is more than one UPA, identify the second agency in C4.
- C4. OTHER AGENCY NAME – If applicable, use this space to enter the name of another emergency response agency.
- C5. OTHER AGENCY PHONE – If applicable, enter the phone number of the agency named in C4.
- C6. NEAREST MEDICAL FACILITY / HOSPITAL NAME – Enter the name of the hospital or emergency medical facility closest to your facility.
- C7. NEAREST MEDICAL FACILITY / HOSPITAL PHONE – Enter the phone number of the hospital or emergency medical facility named in C6.
- C8. REGIONAL WATER QUALITY CONTROL BOARD PHONE – Enter the phone number of the local RWQCB.
- C9. OTHER AGENCY NAME – If applicable, use this space to enter the name of another agency requiring notification.
- C10. OTHER AGENCY PHONE – If applicable, enter the phone number of the agency named in C9.
- C11. OTHER AGENCY NAME – If applicable, use this space to enter the name of another agency requiring notification.
- C12. OTHER AGENCY PHONE – If applicable, enter the phone number of the agency named in C11.
- D1. SPILL PREVENTION, CONTAINMENT, AND CLEANUP PROCEDURES – Check all applicable boxes to identify procedures used by your facility.
- D2. SPECIFY – Briefly specify other spill prevention, containment, and cleanup procedures if you checked Box D1-21.
- E1. THE FOLLOWING ALARM SIGNAL(S) WILL BE USED TO BEGIN EVACUATION OF THE FACILITY – Check all applicable boxes to indicate how facility evacuation will be communicated.
- E2. SPECIFY – Briefly specify other evacuation signals if you checked Box E1-4.
- E3. THE FOLLOWING LOCATION(S) IS/ARE EVACUEE ASSEMBLY AREA(S) – Briefly identify or describe the assembly area(s).
- E4. EVACUATION ROUTE MAP(S) POSTED AS REQUIRED – Check the box to indicate that the evacuation routes have been posted as required.
- F1. ADVANCE ARRANGEMENTS FOR LOCAL EMERGENCY SERVICES – Check the box to indicate if advance arrangements have been made or they have been determined not to be necessary.
- F2. SPECIFY – If you checked Box F1-2, briefly describe the advance arrangements.
- G1. EQUIPMENT AVAILABLE – Check all applicable boxes in the second column of the table to identify emergency equipment available at your facility.
- G2. LOCATION – Briefly describe the location(s) where the emergency equipment is kept. (Repeat for other rows in table.)
- G3. CAPABILITY – Where applicable, briefly describe the capability of the emergency equipment. (Repeat for other rows in table.)
- H1. VULNERABLE AREAS – Check all applicable boxes to identify areas at risk of hazardous materials releases or spills due to earthquakes.
- H2. LOCATIONS – If you checked Box H1-1, briefly describe the location. (Repeat for H3 through H5, if applicable).
- H6. VULNERABLE SYSTEMS – Check all applicable boxes to identify areas at risk of mechanical systems vulnerable to hazardous materials releases or spills due to earthquakes.
- H7. LOCATIONS – If you checked Box H6-1, briefly describe the location. (Repeat for H7 through H12, if applicable).
- I1. INDICATE HOW EMPLOYEE TRAINING PROGRAM IS ADMINISTERED – Check all applicable boxes to identify how your employee training program is administered.
- I2. SPECIFY – If you checked Box I1-4, list the titles of the study guides or manuals.
- I3. SPECIFY – If you checked Box I1-5, briefly describe the other ways training is administered.
- J1. ATTACHMENTS – Check one of the boxes to indicate whether or not additional pages/documents are attached as part of this Emergency Response/Contingency Plan.
- J2. SPECIFY – If you checked Box J1-2, list the attachments in the section.
- K1. DATE SIGNED – Enter the date that the certification section was signed by the owner/operator or authorized representative.
- K2. NAME OF SIGNER – Type or print the full name of the person signing/certifying the plan.
- K3. TITLE OF SIGNER – Enter the title of the person signing/certifying the plan.

**CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS)**  
**CONSOLIDATED EMERGENCY RESPONSE / CONTINGENCY PLAN**

*Prior to completing this Plan, please refer to the INSTRUCTIONS FOR COMPLETING A CONSOLIDATED CONTINGENCY PLAN*

**A. FACILITY IDENTIFICATION AND OPERATIONS OVERVIEW**

FACILITY ID #		CERS ID	DATE OF PLAN PREPARATION/REVISION
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)			
BUSINESS SITE ADDRESS			
BUSINESS SITE CITY		ZIP CODE	
TYPE OF BUSINESS (e.g., Painting Contractor)		INCIDENTAL OPERATIONS (e.g., Fleet Maintenance)	
THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING: (Check all that apply)			
<input checked="" type="checkbox"/> 1. HAZARDOUS MATERIALS; <input type="checkbox"/> 2. HAZARDOUS WASTES			

**B. INTERNAL RESPONSE**

INTERNAL FACILITY EMERGENCY RESPONSE WILL OCCUR VIA: (Check all that apply)
<input type="checkbox"/> 1. CALLING PUBLIC EMERGENCY RESPONDERS (i.e., 9-1-1)
<input type="checkbox"/> 2. CALLING HAZARDOUS WASTE CONTRACTOR
<input type="checkbox"/> 3. ACTIVATING IN-HOUSE EMERGENCY RESPONSE TEAM

**C. EMERGENCY COMMUNICATIONS, PHONE NUMBERS AND NOTIFICATIONS**

Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the Emergency Coordinator (or his/her designee when the Emergency Coordinator is on call) shall:

1. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
2. Notify appropriate local authorities (i.e., call 9-1-1).
3. Notify the California Emergency Management Agency at (800) 852-7550.

Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall notify the California Department of Toxic Substances Control (DTSC), the local Unified Program Agency (UPA), and the local fire department's hazardous materials program that the facility is in compliance with requirements to:

1. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility; and
2. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.

INTERNAL FACILITY EMERGENCY COMMUNICATIONS OR ALARM NOTIFICATION WILL OCCUR VIA: (Check all that apply)
<input type="checkbox"/> 1. VERBAL WARNINGS; <input type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM; <input type="checkbox"/> 3. TELEPHONE;
<input type="checkbox"/> 4. PAGERS; <input type="checkbox"/> 5. ALARM SYSTEM; <input type="checkbox"/> 6. PORTABLE RADIO
NOTIFICATIONS TO NEIGHBORING FACILITIES THAT MAY BE AFFECTED BY AN OFF-SITE RELEASE WILL OCCUR BY: (Check all that apply)
<input type="checkbox"/> 1. VERBAL WARNINGS; <input type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM; <input type="checkbox"/> 3. TELEPHONE;
<input type="checkbox"/> 4. PAGERS; <input type="checkbox"/> 5. ALARM SYSTEM; <input type="checkbox"/> 6. PORTABLE RADIO
EMERGENCY RESPONSE PHONE NUMBERS:
AMBULANCE, FIRE, POLICE AND CHP . . . . . 9-1-1
CALIFORNIA EMERGENCY MANAGEMENT AGENCY (CAL/EMA) . . . . . (800) 852-7550
NATIONAL RESPONSE CENTER (NRC) . . . . . (800) 424-8802
POISON CONTROL CENTER . . . . . (800) 222-1222
LOCAL UNIFIED PROGRAM AGENCY (UPA/CUPA) . . . . . ( )
OTHER (Specify): . . . . . ( )
NEAREST MEDICAL FACILITY / HOSPITAL NAME: . . . . . ( )
AGENCY NOTIFICATION PHONE NUMBERS:
CALIFORNIA DEPT. OF TOXIC SUBSTANCES CONTROL (DTSC) . . . . . (916) 255-3545
REGIONAL WATER QUALITY CONTROL BOARD . . . . . ( )
U.S. ENVIRONMENTAL PROTECTION AGENCY (US EPA) . . . . . (800) 300-2193
CALIFORNIA DEPT OF FISH AND GAME (DFG) . . . . . (916) 358-2900
U.S. COAST GUARD . . . . . (202) 267-2180
CAL/OSHA . . . . . (916) 263-2800
STATE FIRE MARSHAL . . . . . (916) 445-8200
OTHER (Specify): . . . . . ( )
OTHER (Specify): . . . . . ( )

**D. EMERGENCY CONTAINMENT AND CLEANUP PROCEDURES**

SPILL PREVENTION, CONTAINMENT, AND CLEANUP PROCEDURES: (Check all boxes that apply to indicate your procedures for containing spills, releases, fires or explosions; and, preventing and mitigating associated harm to persons, property, and the environment.)

- 1. MONITOR FOR LEAKS, RUPTURES, PRESSURE BUILD-UP, ETC.;
- 2. PROVIDE STRUCTURAL PHYSICAL BARRIERS (e.g., Portable spill containment walls);
- 3. PROVIDE ABSORBENT PHYSICAL BARRIERS (e.g., Pads, pigs, pillows);
- 4. COVER OR BLOCK FLOOR AND/ OR STORM DRAINS;
- 5. BUILT-IN BERM IN WORK / STORAGE AREA;
- 6. AUTOMATIC FIRE SUPPRESSION SYSTEM;
- 7. ELIMINATE SOURCES OF IGNITION FOR FLAMMABLE HAZARDS (e.g. Flammable liquids, Propane);
- 8. STOP PROCESSES AND/OR OPERATIONS;
- 9. AUTOMATIC / ELECTRONIC EQUIPMENT SHUT-OFF SYSTEM;
- 10. SHUT-OFF WATER, GAS, ELECTRICAL UTILITIES AS APPROPRIATE;
- 11. CALL 9-1-1 FOR PUBLIC EMERGENCY RESPONDER ASSISTANCE / MEDICAL AID;
- 12. NOTIFY AND EVACUATE PERSONS IN ALL THREATENED AREAS;
- 13. ACCOUNT FOR EVACUATED PERSONS IMMEDIATELY AFTER EVACUATION CALL;
- 14. PROVIDE PROTECTIVE EQUIPMENT FOR ON-SITE RESPONSE TEAM;
- 15. REMOVE OR ISOLATE CONTAINERS / AREA AS APPROPRIATE;
- 16. HIRE LICENSED HAZARDOUS WASTE CONTRACTOR;
- 17. USE ABSORBENT MATERIAL FOR SPILLS WITH SUBSEQUENT PROPER LABELING, STORAGE, AND HAZARDOUS WASTE DISPOSAL AS APPROPRIATE;
- 18. SUCTION USING SHOP VACUUM WITH SUBSEQUENT PROPER LABELING, STORAGE, AND HAZARDOUS WASTE DISPOSAL AS APPROPRIATE;
- 19. WASH / DECONTAMINATE EQUIPMENT W/ CONTAINMENT and DISPOSAL OF EFFLUENT / RINSATE AS HAZARDOUS WASTE;
- 20. PROVIDE SAFE TEMPORARY STORAGE OF EMERGENCY-GENERATED WASTES;
- 21. OTHER (Specify):

D1.

D2.

**E. FACILITY EVACUATION**

THE FOLLOWING ALARM SIGNAL(S) WILL BE USED TO BEGIN EVACUATION OF THE FACILITY (CHECK ALL THAT APPLY):

E1.

- 1. BELLS;
- 2. HORNS/SIRENS;
- 3. VERBAL (i.e., SHOUTING);
- 4. OTHER (Specify):

E2.

THE FOLLOWING LOCATION(S) IS/ARE EVACUEE EMERGENCY ASSEMBLY AREA(S) (i.e., Front parking lot, specific street corner, etc.)

E3.

Note: The Emergency Coordinator must account for all on site employees and/or site visitors after evacuation.

EVACUATION ROUTE MAP(S) POSTED AS REQUIRED

E4.

Note: The map(s) must show primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas, and must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

**F. ARRANGEMENTS FOR EMERGENCY SERVICES**

**Explanation of Requirement:** Advance arrangements with local fire and police departments, hospitals, and/or emergency services contractors should be made as appropriate for your facility. You may determine that such arrangements are not necessary.

ADVANCE ARRANGEMENTS FOR LOCAL EMERGENCY SERVICES (Check one of the following)

F1.

- 1. HAVE BEEN DETERMINED NOT NECESSARY; *or*
- 2. THE FOLLOWING ARRANGEMENTS HAVE BEEN MADE (Specify):

F2.

**G. EMERGENCY EQUIPMENT**

Check all boxes that apply to list emergency response equipment available at the facility and identify the location(s) where the equipment is kept and the equipment's capability, if applicable. [e.g.,  CHEMICAL PROTECTIVE GLOVES | Spill response kit | One time use, Oil & solvent resistant only.]

TYPE	EQUIPMENT AVAILABLE <sup>G1.</sup>	LOCATION	CAPABILITY (If applicable) <sup>G3.</sup>
<b>Safety and First Aid</b>	1. <input type="checkbox"/> CHEMICAL PROTECTIVE SUITS, APRONS, OR VESTS	G2.	G3.
	2. <input type="checkbox"/> CHEMICAL PROTECTIVE GLOVES	G4.	G5.
	3. <input type="checkbox"/> CHEMICAL PROTECTIVE BOOTS	G6.	G7.
	4. <input type="checkbox"/> SAFETY GLASSES / GOGGLES / SHIELDS	G8.	G9.
	5. <input type="checkbox"/> HARD HATS	G10.	G11.
	6. <input type="checkbox"/> CARTRIDGE RESPIRATORS	G12.	G13.
	7. <input type="checkbox"/> SELF-CONTAINED BREATHING APPARATUS (SCBA)	G14.	G15.
	8. <input type="checkbox"/> FIRST AID KITS / STATIONS	G16.	G17.
	9. <input type="checkbox"/> PLUMBED EYEWASH FOUNTAIN / SHOWER	G18.	G19.
	10. <input type="checkbox"/> PORTABLE EYEWASH KITS	G20.	G21.
	11. <input type="checkbox"/> OTHER	G22.	G23.
	12. <input type="checkbox"/> OTHER	G24.	G25.
<b>Fire Fighting</b>	13. <input type="checkbox"/> PORTABLE FIRE EXTINGUISHERS	G26.	G27.
	14. <input type="checkbox"/> FIXED FIRE SYSTEMS / SPRINKLERS / FIRE HOSES	G28.	G29.
	15. <input type="checkbox"/> FIRE ALARM BOXES OR STATIONS	G30.	G31.
	16. <input type="checkbox"/> OTHER	G32.	G33.
<b>Spill Control and Clean-Up</b>	17. <input type="checkbox"/> ALL-IN-ONE SPILL KIT	G34.	G35.
	18. <input type="checkbox"/> ABSORBENT MATERIAL	G36.	G37.
	19. <input type="checkbox"/> CONTAINER FOR USED ABSORBENT	G38.	G39.
	20. <input type="checkbox"/> BERMING / DIKING EQUIPMENT	G40.	G41.
	21. <input type="checkbox"/> BROOM	G42.	G43.
	22. <input type="checkbox"/> SHOVEL	G44.	G45.
	23. <input type="checkbox"/> SHOP VAC	G46.	G47.
	24. <input type="checkbox"/> EXHAUST HOOD	G48.	G49.
	25. <input type="checkbox"/> EMERGENCY SUMP / HOLDING TANK	G50.	G51.
	26. <input type="checkbox"/> CHEMICAL NEUTRALIZERS	G52.	G53.
	27. <input type="checkbox"/> GAS CYLINDER LEAK REPAIR KIT	G54.	G55.
	28. <input type="checkbox"/> SPILL OVERPACK DRUMS	G56.	G57.
	29. <input type="checkbox"/> OTHER	G58.	G59.
<b>Communications and Alarm Systems</b>	30. <input type="checkbox"/> TELEPHONES (Includes cellular)	G60.	G61.
	31. <input type="checkbox"/> INTERCOM / PA SYSTEM	G62.	G63.
	32. <input type="checkbox"/> PORTABLE RADIOS	G64.	G65.
	33. <input type="checkbox"/> AUTOMATIC ALARM CHEMICAL MONITORING EQUIPMENT	G66.	G67.
<b>Other</b>	34. <input type="checkbox"/> OTHER	G68.	G69.
	35. <input type="checkbox"/> OTHER	G70.	G71.

### H. EARTHQUAKE VULNERABILITY

Identify areas of the facility that are vulnerable to hazardous materials releases / spills due to earthquake-related motion. These areas require immediate isolation and inspection.

VULNERABLE AREAS: (Check all that apply) <input type="checkbox"/> 1. HAZARDOUS MATERIALS / WASTE STORAGE AREA <input type="checkbox"/> 2. PROCESS LINES / PIPING <input type="checkbox"/> 3. LABORATORY <input type="checkbox"/> 4. WASTE TREATMENT AREA	H1.	LOCATIONS (e.g., shop, outdoor shed, forensic lab)	
			H2.
			H3.
			H4.
			H5.

Identify mechanical systems vulnerable to releases / spills due to earthquake-related motion. These systems require immediate isolation and inspection.

VULNERABLE SYSTEMS: (Check all that apply) <input type="checkbox"/> 1. SHELVES, CABINETS AND RACKS <input type="checkbox"/> 2. TANKS (EMERGENCY SHUTOFF) <input type="checkbox"/> 3. PORTABLE GAS CYLINDERS <input type="checkbox"/> 4. EMERGENCY SHUTOFF AND/OR UTILITY VALVES <input type="checkbox"/> 5. SPRINKLER SYSTEMS <input type="checkbox"/> 6. STATIONARY PRESSURIZED CONTAINERS (e.g., Propane dispensing tank)	H6.	LOCATIONS	
			H7.
			H8.
			H9.
			H10.
			H11.
			H12.

### I. EMPLOYEE TRAINING

**Explanation of Requirement:** Employee training is required for all employees handling hazardous materials and hazardous wastes in day-to-day or clean-up operations including volunteers and/or contractors. Training must be:

- Provided within 6 months for new hires;
- Amended as necessary prior to change in process or work assignment;
- Given upon modification to the Emergency Response / Contingency Plan, and updated/refreshed annually for all employees.

Required content includes all of the following:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Material Safety Data Sheets;</li> <li>• Hazard communication related to health and safety;</li> <li>• Methods for safe handling of hazardous substances;</li> <li>• Fire hazards of materials / processes;</li> <li>• Conditions likely to worsen emergencies;</li> <li>• Coordination of emergency response;</li> <li>• Notification procedures;</li> <li>• Applicable laws and regulations;</li> </ul> | <ul style="list-style-type: none"> <li>• Communication and alarm systems;</li> <li>• Personal protective equipment;</li> <li>• Use of emergency response equipment (e.g. Fire extinguishers, respirators, etc.);</li> <li>• Decontamination procedures;</li> <li>• Evacuation procedures;</li> <li>• Control and containment procedures;</li> <li>• UST monitoring system equipment and procedures (if applicable).</li> </ul> |
|---|--|

INDICATE HOW EMPLOYEE TRAINING PROGRAM IS ADMINISTERED (Check all that apply)	11.
<input type="checkbox"/> 1. FORMAL CLASSROOM; <input type="checkbox"/> 2. VIDEOS; <input type="checkbox"/> 3. SAFETY / TAILGATE MEETINGS;	
<input type="checkbox"/> 4. STUDY GUIDES / MANUALS (Specify): _____	12.
<input type="checkbox"/> 5. OTHER (Specify): _____	13.
<input type="checkbox"/> 6. NOT APPLICABLE BECAUSE FACILITY HAS NO EMPLOYEES	

**Large Quantity Generator (LQG) Training Records:** Large quantity hazardous waste generators (i.e., who generate more than 270 gallons/1,000 kilograms of hazardous waste per month) must retain written documentation of employee hazardous waste management training sessions which includes:

- A written outline/agenda of the type and amount of both introductory and continuing training that will be given to persons filling each job position having responsibility for the management of hazardous waste (e.g., labeling, manifesting, compliance with accumulation time limits, etc.).
- The name, job title, and date of training for each hazardous waste management training session given to an employee filling such a job position; and
- A written job description for each of the above job positions that describes job duties and the skills, education, or other qualifications required of personnel assigned to the position.
- Current employee training records must be retained until closure of the facility.
- Former employee training records must be retained at least three years after termination of employment.

### J. LIST OF ATTACHMENTS

(Check one of the following)	J1.
<input type="checkbox"/> 1. NO ATTACHMENTS ARE REQUIRED; <i>or</i>	
<input type="checkbox"/> 2. THE FOLLOWING DOCUMENTS ARE ATTACHED:	J2.

### K. SIGNATURE / CERTIFICATION

**Certification:** Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete, and that a copy is available on site.

SIGNATURE OF OWNER/OPERATOR	DATE SIGNED	K1.
NAME OF SIGNER (print)	TITLE OF SIGNER	K3.