

Oxnard Fire Department Certified Unified Program Agency

HAZARDOUS WASTE GENERATOR OWNER/OPERATOR IDENTIFICATION

NEW FACILITY

NEW OWNER OF EXISTING FACILITY

I. IDENTIFICATION

BEGINNING DATE	100	ENDING DATE	101
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BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3	BUSINESS PHONE	102
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BUSINESS SITE ADDRESS	103	BUSINESS FAX	102a
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BUSINESS SITE CITY	104	CA	ZIP CODE	105	COUNTY	108
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DUN & BRADSTREET	106	PRIMARY SIC	107	PRIMARY NAICS	107a
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BUSINESS MAILING ADDRESS	108a
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BUSINESS MAILING CITY	108b	STATE	108c	ZIP CODE	108d
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BUSINESS OPERATOR NAME	109	BUSINESS OPERATOR PHONE	110
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II. BUSINESS OWNER

OWNER NAME	111	OWNER PHONE	112
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OWNER MAILING ADDRESS	113
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OWNER MAILING CITY	114	STATE	115	ZIP CODE	116
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III. ENVIRONMENTAL CONTACT

CONTACT NAME	117	CONTACT PHONE	118
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CONTACT MAILING ADDRESS	119	CONTACT EMAIL	119a
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CONTACT MAILING CITY	120	STATE	121	ZIP CODE	122
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-PRIMARY-		IV. EMERGENCY CONTACTS		-SECONDARY-	
NAME	123	NAME	128		
TITLE	124	TITLE	129		
BUSINESS PHONE	125	BUSINESS PHONE	130		
24-HOUR PHONE	126	24-HOUR PHONE	131		
CELL / PAGER #	127	CELL / PAGER #	132		
ADDITIONAL LOCALLY COLLECTED INFORMATION: Assessor's Parcel Number: _____ - _____ - _____		133	Office Use Only Owner ID	Facility ID	Program ID
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.					
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		DATE	134	NAME OF DOCUMENT PREPARER	135
NAME OF SIGNER (print)		136	TITLE OF SIGNER		

Yes No Are you a business operating a farm for the purpose of cultivating the soil or raising or harvesting agricultural or horticultural commodities?

Yes No Do you have underground storage tanks at this facility?

OFFICIAL USE ONLY	Date Received	Employee:	Effective Date
Permit #	CERS ID #	HWG Range :	
Entered By	Date	Approved by	Date

Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials Inventory - Chemical Description pages for all hazardous materials inventory submissions. For the inventory to be considered complete this page must be signed by the appropriate individual. (Note: the numbering of the instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) pages. These data element numbers are used for electronic submission and are the same as the numbering used in Division 3, Electronic Submittal of Information.) Please number all pages of your submittal. This helps Unified Program Agency (UPA) identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER – Leave this blank. This number is assigned by the UPA. This is the unique number, which identifies your facility.
3. BUSINESS NAME - Enter the doing business as name.
100. BEGINNING DATE - Enter the beginning year and date of the report. (YYYYMMDD)
101. ENDING DATE - Enter the ending year and date of the report. (YYYYMMDD)
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
- 102a. BUSINESS FAX – Enter the business fax number, area code first.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. BUSINESS SITE CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4-digit zip may also be added.
106. DUN & BRADSTREET – If subject to EPCRA, enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 8827748 or on the web at www.dnb.com.
107. SIC NUMBER - Enter the primary Standard Industrial Classification System Number. Required for EPCRA.
- 107a. NAICS NUMBER - Enter the primary North American Industrial Classification System Number.
108. COUNTY - Enter the county in which the business site is located.
- 108a. BUSINESS MAILING ADDRESS – Enter the mailing address to be used for all official business correspondence. This mailing address must be filled in.
- 108b. BUSINESS MAILING CITY - Enter the name of the city for the business mailing address.
- 108c. STATE - Enter the two-character abbreviation of the state for the business mailing address.
- 108d. ZIP CODE - Enter the zip code for the business mailing address. The extra 4-digit zip may also be added.
109. BUSINESS OPERATOR NAME - Enter the name of the business operator.
110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. BUSINESS OWNER NAME - Enter name of business owner, if different from business operator.
112. BUSINESS OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. BUSINESS OWNER MAILING ADDRESS - Enter the owner's mailing address, if different from business mailing address.
114. BUSINESS OWNER CITY - Enter the name of the city for the owner's mailing address, if different from business mailing address.
115. BUSINESS OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address, if different from business mailing address.
116. BUSINESS OWNER ZIP CODE - Enter the zip code for the owner's address, if different from business mailing address. The extra 4-digit zip may also be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, who receives all environmental correspondence.
118. CONTACT PHONE - Enter the phone number, if different from Owner or Operator, for the environmental contact, area code first, and any extension.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent.
- 119a. CONTACT EMAIL – Enter the email address of the environmental contact in 117, if the contact has one.
120. CONTACT MAILING CITY - Enter the name of the city for the environmental contact's mailing address.
121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE - Enter the zip code for the environmental contact's mailing address. The extra 4-digit zip may also be added.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative to be contacted in case there is an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary emergency contact.
125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE - Enter a 24hour phone number for the primary emergency contact. The 24hour phone number must be one, which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. CELL / PAGER NUMBER - Enter the pager number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary emergency contact.
130. BUSINESS PHONE - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE - Enter a 24hour phone number for the secondary emergency contact. The 24-hour phone number must be one, which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. CELL / PAGER NUMBER - Enter the pager number for the secondary emergency contact, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION - This space may be used for UPA to collect any additional information necessary to meet the requirements of their individual programs.
134. DATE - Enter the date that the document was signed. (YYYYMMDD)
135. NAME OF DOCUMENT PREPARER - Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/ Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the signer's belief that the submitted information is true, accurate and complete.
137. TITLE OF SIGNER - Enter the title of the person signing the page.

The waste generator page is used to identify your generator status and all waste streams generated at your facility.

1. BUSINESS NAME -- Enter the full legal name of the business.
2. FACILITY ID NUMBER -- Leave this blank. The Certified Unified Program Agency (CUPA) assigns this number and identifies your facility.
3. NUMBER OF EMPLOYEES -- Enter the total number of employees currently working at your facility.
4. EPA ID # --If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (916) 324-1781, (800) 61-TOXIC or (800) 618-6942, to obtain one.

TYPE OF GENERATOR

- A. TYPE OF GENERATOR -- Check the box that most closely applies to your facility.

RCRA GENERATOR -- Check the box that best describes the amount of Federal listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn't generate hazardous waste regulated under Subtitle C of RCRA (the Resource Conservation and Recovery Act of 1976).

NON - RCRA GENERATOR -- Check the box that best describes the amount of California-only listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn't generate non-RCRA hazardous waste.

Boxes include:

- Large Quantity Generator – greater than 1,000 kg per Hazardous Waste per month (greater than 270 gallons).
- Small Quantity Generator – less than 1,000 kg per month but greater than 100 kg Hazardous Waste per month (greater than 27 gallons but less than 270 gallons).
- Conditionally Exempt Small Quantity Generator – less than 100 kg Hazardous Waste per month (less than 27 gallons).

Note:

1. 1 kg = 2.2 lbs.
2. For Acutely Hazardous Waste or Extremely Hazardous Waste, Facilities that generate greater than 1 kg per month are considered Large Quantity Generators and facilities that generate less are considered Conditionally Exempt Small Quantity Generators.

WASTE STREAM IDENTIFICATION

- B. PROCESS -- Briefly describe all processes that generate hazardous waste(s) at your facility. Example: plating, machining, painting, etc.
- C. WASTE DESCRIPTION -- Describe the type of waste that is generated from each process listed. Example: heavy metal sludge, waste oil, etc.
- D. WASTE ID -- List the CA Waste ID numbers for all RCRA and non-RCRA hazardous waste. Refer to 22 CCR Section 66261.126.
- E. AMOUNT PER YEAR -- List the amount of hazardous waste generated from each separate process in kilograms, pounds, gallons, or tons per year.
- F. DISPOSAL METHOD -- Enter the letter in the space provided to describe the disposal method used at your facility for each of the hazardous waste streams listed.
- A = Treatment Onsite
 - B = Treatment Offsite
 - C = Recycle Onsite
 - D = Recycle Offsite
- G. STORAGE METHOD -- Enter the letter that corresponds to the type of storage used at your facility for each of the hazardous waste streams listed:
- A = Drums
 - B = Underground Tanks
 - C = Aboveground Tanks
 - D = Waste Pile
 - E = In Process Equipment
- H. AMOUNT IN TONS -- Leave blank – For Official Use Only

