

HAZARDOUS MATERIALS UNIFIED PROGRAM

HAZARDOUS MATERIALS / WASTE DISCLAIMER

As Required by CA Health & Safety Code Chapter 6.11 and Chapter 6.95
& CA Code of Regulations Chapter 22

LOCAL USE ONLY

ID #

Business Name _____ Phone _____

Site Address _____

Mailing Address _____

Primary Contact – Name _____ Secondary Contact – Name _____

Title _____ Title _____

Business Phone _____ Business Phone _____

24 Hour _____ 24 Hours _____

Pager / Cell _____ Pager / Cell _____

A. Business Plan Disclosure listed in CA H&SC Chapter 6.95 [Check appropriate statement(s)]:

- 1. This business does not store, use, or handle any hazardous material or hazardous waste in any amount.
- 2. This business does not store, use, or handle any hazardous materials or hazardous waste at any one time during a calendar year in quantities equal to or greater than 55 gallons, 500 pounds, or 200 cubic feet of a compressed gas at standard temperature and pressure.
- 3. This business does not store, use, or handle any hazardous material in any amount above the increased threshold reporting levels as provided by either state or local exemptions. Contact your local fire agency for a list of hazardous materials in this category.
- 4. This business does not store, use, or handle any hazardous materials in any amount other than quantities packaged solely for direct distribution as a consumer product to the general public.
- 5. This business does not store, use, or handle any hazardous material in any amount other than quantities contained in a rail car, rail tank car, rail freight container, marine vessel, or marine freight container for no more than 30 days. We will immediately notify the local fire agency of their arrival.
- 6. This business does not store, use, or handle any hazardous material other than those under shipping orders while in transit and not maintained in a fixed facility for more than 30 days while in the course of transportation.

NOTE: If none of the above apply and you have hazardous material/waste, you must complete and submit a Hazardous Materials Business Plan.

B. Regulated Substances (RS) [Previous known as Extreme Hazardous Substance or Acutely Hazardous Material] listed in California Code of Regulations 19, Section 27705 [Check appropriate statement]:

- 1. This business does not store, use, or handle any regulated substance or any mixture containing regulated substance in any amount.
- 2. This business has submitted will submit a California Accidental Release Prevention (Cal-ARP) registration form.

NOTE: If you have any regulated substances above the listed Threshold Planning Quantities, you must complete and submit the Owner/ Operator Identification form and the Chemical Inventory form.

C. Hazardous Waste Generator listed in CCR 22:

- 1. This business does not generate any hazardous waste or any mixture containing hazardous waste in any amount.
- 2. This business has no Universal Waste.
- 3. This business has Universal Waste, see the back of this form for listing of Universal Waste and their quantities.

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Universal Waste Listing

LOCAL USE ONLY
ID # _____

CODE	DESCRIPTION	QUANTITY
901	BATTERIES	
902	LEAD CONSUMER ELECTRONIC DEVICES	
903	LEAD CATHODE RAY – TUBES	
904	MERCURY DENTAL AMALGAM	
905	MERCURY COUNTERWEIGHTS & DAMPERS	
906	MERCURY DILATORS & WEIGHTED TUBING	
907	MERCURY GAS FLOW REGULATORS	
908	MERCURY LAMPS	
909	MERCURY NOVELTIES ITEMS	
910	MERCURY PRESSURE & VACUUM GAUGES	
911	MERCURY ROBBER FLOORING	
912	MERCURY SWITCHES – NON-AUTOMOTIVE	
913	MERCURY THERMOMETERS	
914	MERCURY THERMOSTATS	
915	MERCURY VEHICLE LIGHT SWITCHES	
916	NON-EMPTY AEROSOL CANS	
917	FLUORESCENCE LAMPS	
	OTHER:	
	OTHER:	
	TOTAL	

Under penalty of law, I declare that the information is true and correct and understand that Santa Barbara County Hazardous Materials Unit and the local fire agency must be notified as required by Health and Safety Code Section 25505, if the operations or procedures of this business change in such a way to make the above statement inaccurate.

Signature _____ Date _____

Print or Type Name _____

Title _____ DLN / SS / ID # _____