



SAN DIEGO COUNTY CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY
HAZARDOUS MATERIALS DIVISION
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CalARP RMP REGISTRATION 2740.1(d) / WORKPLAN

I. STATIONARY SOURCE INFORMATION

NAME OF STATIONARY SOURCE		UNIFIED PROGRAM FACILITY PERMIT NUMBER	
SITE ADDRESS		CITY	CA ZIP CODE
LATTITUDE AND LONGITUDE & METHOD FOR OBTAINING THIS			NAICS CODE
STATIONARY SOURCE USEPA IDENTIFIER	STATIONARY SOURCE DUN & BRADSTREET #	# FULLTIME EMPLOYEES	
CORPORATE/PARENT COMPANY NAME		CORPORATE/PARENT DUN & BRADSTREET #	
WEBSITE			

II. STATIONARY SOURCE OWNER/OPERATOR & RMP CONTACT INFORMATION

NAME OF OWNER/OPERATOR		OWNER/OPERATOR PHONE#	
NAME OF RMP CONTACT	TITLE OF RMP CONTACT	PHONE # RMP CONTACT	
MAILING ADDRESS FOR RMP CONTACT	E-MAIL OF RMP CONTACT	CELL # RMP CONTACT	
CITY RMP CONTACT	STATE	ZIP CODE RMP CONTACT	
24-HR EMERGENCY CONTACT PRIMARY	TITLE	24 HR PHONE #	E-MAIL
24-HR EMERGENCY CONTACT ALTERNATE	TITLE	24 HR PHONE #	E-MAIL

III. RMP CONSULTANT CONTACT INFORMATION (IF APPLICABLE)

COMPANY NAME	CONSULTANT'S NAME	CONSULTANT'S PHONE #
CONSULTANT'S ADDRESS	CONSULTANT'S E-MAIL	CONSULTANT'S CELL #
CONSULTANT'S CITY	STATE	CONSULTANT'S ZIP CODE

IV. PROCESS INFORMATION

NAME OF REGULATED SUBSTANCE (one sheet per item)	CAS NUMBER	MAX QUANTITY (in Lbs.)	RMP PROGRAM LEVEL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
IS PROCESS SUBJECT TO PSM TITLE 8 SEC. 5189? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS SS SUBJECT TO PART 355 OF TITLE 40 CFR? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS PROCESS SUBJECT TO TITLE V PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROCESS INSTAL/MODIFICATION DATE: ____/____/____	LAST SAFETY INSPECTION BY: _____ DATE OF INSPECTION: ____/____/____ Specify:	<input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL	

V. RMP TECHNICAL STUDIES

METHODS FOR AIR DISPERSION MODELING: Manual Calculation (Tables) <input type="checkbox"/> YES <input type="checkbox"/> NO or Computerized Air Model <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF PHA CONDUCTED: _____ DATE OF SEISMIC WALKTHROUGH: ____/____/____
NAME OF COMPUTERIZED AIR MODEL (IF APPLICABLE): _____ PASSIVE MITIGATION CONSIDERED FOR WORST-CASE SCENARIO (SPECIFY): REASON FOR RMP CHANGE: <input type="checkbox"/> 5-year update <input type="checkbox"/> corrections (see back) <input type="checkbox"/> new stationary source <input type="checkbox"/> modified stationary source	
CERTIFIED BY: _____ PRINTED NAME: _____ DATE: ____/____/____	

CALIFORNIA ACCIDENTAL RELEASE PREVENTION (CalARP) PROGRAM RISK MANAGEMENT PLAN (RMP) REGISTRATION / WORK PLAN - INSTRUCTIONS

I. STATIONARY SOURCE INFORMATION

NAME OF STATIONARY SOURCE- Enter the full legal name of the business. This is the same as the term "Facility Name" or "DBA" – Doing Business As.
STATIONARY SOURCE UPF PERMIT NUMBER- Enter the Unified Program Facility Permit (UPFP) number.
STATIONARY SOURCE SITE ADDRESS- This is the site (physical) address of the stationary source.
LATITUDE AND LONGITUDE- Enter the latitude and longitude of the stationary source & the method used for obtaining the latitude and longitude.
NAICS CODE- Enter the 6-digit North American Industry Classification System (NAICS) code.
STATIONARY SOURCE USEPA IDENTIFIER- Enter the stationary source USEPA ID number, if applicable
STATIONARY SOURCE DUN AND BRADSTREET (D&B) #- Enter the stationary source Dun and Bradstreet number
CORPORATE/PARENT COMPANY NAME- Enter the name of parent or corporate owner.
OF FULL-TIME EMPLOYEES- Enter the number of full-time employees at the stationary source.
CORPORATE/PARENT COMPANY D&B#- Enter the Dun and Bradstreet number of the parent or corporate owner.
WEBSITE- Web address (URL) for the corporate/parent organization.

II. STATIONARY SOURCE RMP CONTACT, OWNER/OPERATOR INFORMATION

NAME & PHONE# OF OWNER/OPERATOR- Enter the name and phone number of the owner or operator of the stationary source
NAME OF RMP CONTACT- Enter the name of the person with the overall responsibility for RMP elements, integration, and implementation. This is the primary RMP contact for the stationary source.
TITLE OF RMP CONTACT- Enter the title of the person with the overall responsibility for RMP elements and implementation.
MAILING ADDRESS FOR RMP CONTACT- Enter the primary RMP contact's mailing address.
PHONE# OF RMP CONTACT- Enter the phone number for the primary RMP contact.
CELL PHONE# OF RMP CONTACT- Enter a cell phone number for the primary RMP contact.
E-MAIL OF RMP CONTACT- Enter the e-mail address for the primary RMP contact.
24-HOUR EMERGENCY CONTACT PRIMARY- Enter the name of a primary person available for RMP-related emergencies 24 hours a day.
TITLE- Title of the 24-hour primary RMP emergency contact person.
PHONE#- Enter the 24-hour phone number for the primary 24-hour RMP emergency contact person.
E-MAIL- Enter the e-mail address for the primary RMP emergency contact person.
24-HOUR EMERGENCY CONTACT ALTERANTE- Enter the name of an alternate person available for RMP-related emergencies 24 hours a day.
TITLE- Title of the 24-hour alternate RMP emergency contact person.
PHONE#- Enter the 24-hour phone number for the alternate 24-hour RMP emergency contact person.
E-MAIL- Enter the e-mail address for the alternate 24-hour RMP emergency contact person.

III. RMP CONSULTANT CONTACT INFORMATION, IF APPLICABLE

COMPANY NAME- Enter the company name of the RMP consultant or project coordinator, if applicable.
CONSULTANT'S NAME- Enter the name of the primary RMP consultant or project coordinator.
CONSULTANT'S ADDRESS INCLUDING CITY, STATE and ZIP CODE- Enter the complete address of the RMP consultant or project coordinator.
CONSULTANT'S PHONE#- Enter the phone number of the RMP consultant or project coordinator.
CONSULTANT'S CELL PHONE#- Enter the cell phone number of the RMP consultant or project coordinator.
CONSULTANT'S E-MAIL- Enter the e-mail address of the primary RMP consultant or project coordinator.

IV. PROCESS INFORMATION

NAME OF REGULATED SUBSTANCE- Enter the name, concentration & quantity (in pounds) of the regulated substance in the process. One registration per process.
CAS NUMBER- Enter the chemical abstract service number for the regulated substance above.
RMP PROGRAM LEVEL- Mark the program level for the RMP.
PROCESS SUBJECT TO PSM- Mark yes if the process is subject to OSHA Process Safety Management (PSM) Title 8 Section 5189, or no if not subject to PSM.
IS SS SUBJECT TO PART 355 OF TITLE 40 OF CFR- Mark yes if the stationary source is subject to chemical disclosure under title 40 CFR Part 355 or mark no if quantity onsite is below federal threshold planning quantities.
PROCESS SUBJECT TO TITLE V PERMIT- Mark yes if the process is subject to the Title V CAA permit requirements, or no if not subject to Title V.
DATE OF SEISMIC WALKTHROUGH- Enter the date of the most recent seismic walkthrough.
PROCESS INSTALLATION DATE- Enter the process installation date. If adding a new process or modifying an existing process, enter the planned startup date for the new or modified process.
DATE OF THE LAST SAFETY INSPECTION- Enter the date and the name of the agency that last performed a safety inspection of the stationary source. Mark if the safety inspection was performed by a federal, state, or local agency

V. RMP TECHNICAL STUDIES

METHODS OF AIR DISPERSION MODELING: MANUAL CALCULATIONS (TABLES)- If you used [will use] manual calculations or EPA look-up tables for your offsite consequence analysis check yes or no, as applicable.
TYPE OF PROCESS HAZARD ANALYSIS [TO BE] CONDUCTED- Enter the name of the type of Process Hazard Analysis (PHA) or Hazard Review [to be] conducted, i.e., what-if/checklist, HAZOP, etc. For Program 1 mark "none."
COMPUTERIZED AIR MODEL- If you used a computerized air model for your offsite consequence analyses check yes, if not, check no. If you used a computer air model Enter the name and version.
PASSIVE MITIGATION FOR WORST-CASE (SPECIFY)- Specify the type of passive mitigation you used [plan to use] for the worst-case offsite consequence. if you did not use [or do not plan to use] passive mitigation state "none".
MARK THE REASON FOR RMP CHANGE- Mark the reason for the RMP change i.e., 5-year update, correction, new or modified stationary source. Updates and re-submissions required under Section 2745.10(a) or (b); or corrections under Section 2745.10.5 or for purposes of correcting minor clerical errors, updating administrative information, providing missing data elements, or reflecting facility ownership changes, and which do not require an update and re-submission.
CERTIFIED BY- This line must be signed by the person certifying that the information provided is true and accurate.
PRINTED NAME- Print the name of the person certifying that the information provided is true and accurate.
DATE- Enter the date the registration or work plan was certified and signed.