



What to Expect During an HMD inspection

By: Becky Hernandez, Environmental Health Specialist

EPIC+ Seminar 06/18/2024



What does the Hazardous Materials Division (HMD) inspect?



Hazardous Materials Business Plan (HMBP) Program



Hazardous Waste Program

**+ HW
Treatment**



Medical Waste Program

**+ MW
Treatment**



Underground Storage Tank (UST) Program



Aboveground Petroleum Storage Act (APSA) Program



California Accidental Release Prevention Program

Unannounced Inspections

- Health and Safety Code (HSC), Article 1, Section 25511(a):
 - ...an employee or authorized representative of a unified program agency has the authority specified in Section 25185...this authority shall include conducting inspections concerning hazardous material, in addition to hazardous waste.
- HSC 25185
 - (a) In order to carry out the purposes of this chapter, **any authorized representative** of the department or the local officer or agency authorized to enforce this chapter ..., **may, at any reasonable hour of the day,** or as authorized pursuant to Title 13 (commencing with Section 1822.50) of Part 3 of the Code of Civil Procedure, do any of the following:
 - (1) Enter and inspect a factory, plant, construction site, disposal site, transfer facility, or any establishment or any other place or environment where hazardous wastes are stored, handled, processed, disposed of, or being treated to recover resources.





What does an HMD inspection look like?

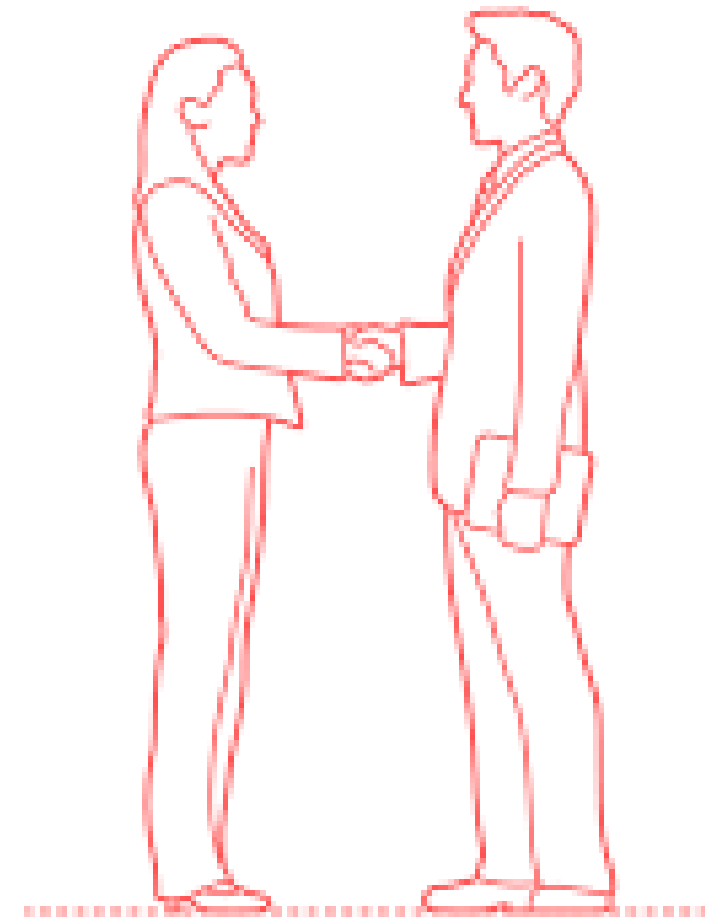
- Introduction
- Facility Walk-through
- Record review
- Inspection report review





Introduction

- Inspector arrives unannounced & introduces themselves
 - Request consent to conduct inspection
 - Consent refused?
 - Remember HSC 25185!
 - If inspector must return a different day, a Re-inspection fee of \$398 will be assessed.*
 - Consent granted?
 - Inspector may provide list of required documents
- **Re-inspection fees increase to \$432 starting July 1, 2024!*





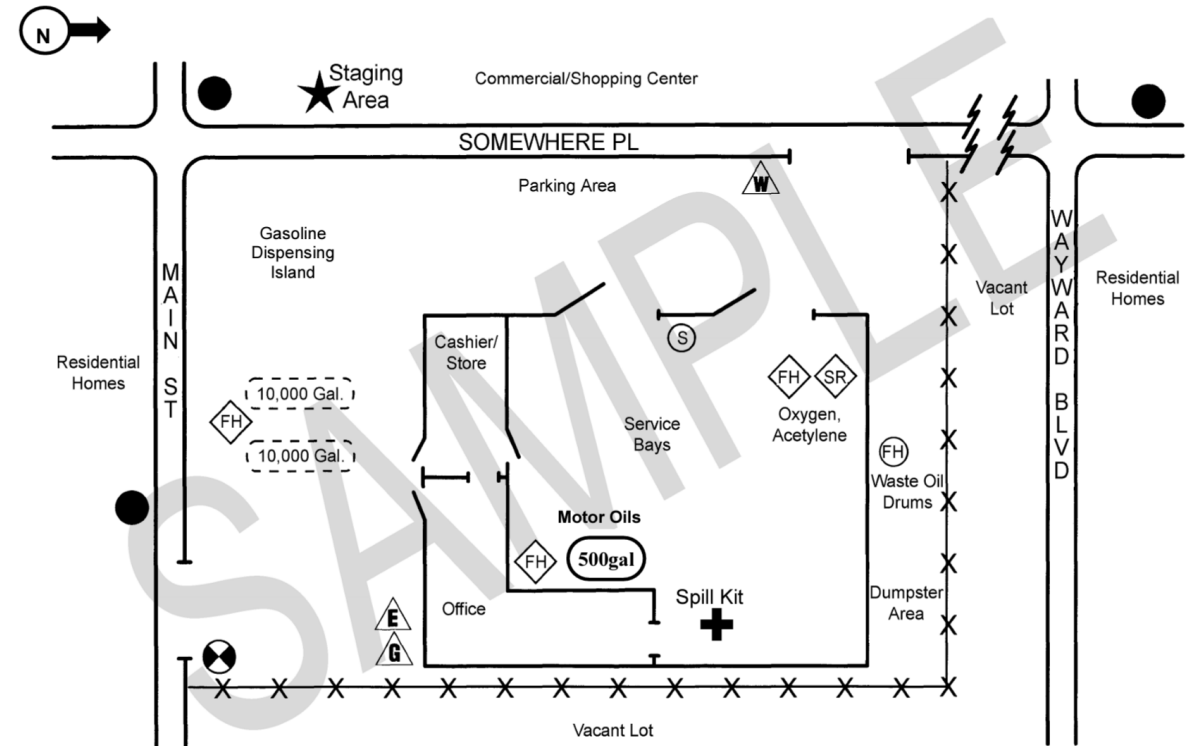
Facility Walk through

- **Internal inspection**

- Labs, lab benches, chemical cabinets, fume hoods, flammables cabinets, under sinks, Hazardous Waste (HW) or Medical Waste (MW) storage areas, and MW or HW treatment areas.

- **External inspection**

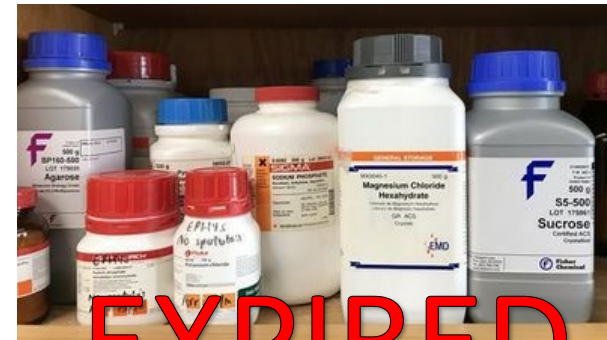
- Emergency Backup generators (if applicable), & even dumpsters!
- **Any areas believed to store HazMat, HW, or MW.**





Facility Walk-through: What do we look for?

- Onsite inventory (i.e., HazMat, HW & MW) matches inventory in CERS
- Proper management of HazMat, HW, and MW
 - Proper labeling
 - Proper containerization
 - Condition of containers
 - Complying w/ MW or HW storage time limits
 - Compatibility of materials with their container.
 - Management of expired chemicals.
- Proper Training



EXPIRED



Facility Walk through

- **Unfamiliar with processes generating either MW or HW, or handling of specific HazMat?**
 - Have lab personnel familiar with the processes join us.





Facility Walk through

- **Accessibility is important.**

- Be prepared to access HazMat, HW or MW storage areas, emergency backup generators enclosures (if applicable), dumpster areas.

- **Ask Questions!**

- Aside from verifying compliance, our goal is to educate.





Record Review



Organization is key!

*Organized documents in a binder is helpful!

*Have a Plan B! Hard copies help maintain documents accessible especially when you're gone!



List of required documents *may* be provided during introduction.



Be prepared to retrieve documents stored in other depts

Ex: HR, Accounting, Maintenance.



Required documents will depend on what programs you are subject to.

Some Examples

- HMBP
- Employee Training Records (3 yrs)
- HW manifests (3 yrs)
- MW Disposal Records
 - SQG (3 yrs) (< 200 lbs/mo; HSC 117943))
 - LQG (2 yrs) (\geq 200 lbs/ mo in a twelve-month period (HSC 117975))
- SPCC Plan

**This is not a complete list.*



Were violations cited during the inspection?



COUNTY OF SAN DIEGO COMPLIANCE INSPECTION REPORT

FACILITY NAME: CERS-TO-KIVA TEST PERMIT
ADDRESS: 1255 IMPERIAL AVE
CITY/ZIP: SAN DIEGO /92101

INSPECTION DATE: <u>06/12/2024</u>	PAGE <u>1</u> OF <u>2</u>
RECORD ID #: <u>DEH2013-HUPER 000308</u>	
CERS ID: _____	
TIME START: _____	END: _____
SPECIALIST: _____	
INSPECTION CONTACT: <u>XXXX</u>	
TITLE: _____	
PHONE: _____	
EMAIL: _____	

The County Hazardous Materials Division (HMD) inspected your facility on the above date, under the authority of the California Health and Safety Code (HSC), to determine compliance with applicable provisions of the HSC, the California Code of Regulations (CCR), and the San Diego County Code of Regulatory Ordinances (SDCC). This report will contain observations made during the inspections and may include minor violations corrected in the presence of the inspector. Minor violations do not include repeat violations or violations remaining uncorrected for more than 30 days as specified below. Major violations do not include knowing, willful, intentional, or chronic violations; nor do they include violations showing a pattern of neglect or disregard. Any action items are required to provide a written response to HMD within the time specified.

NOTE: Reinspection fees will be charged if a reinspection is required to determine compliance.

- | | | | |
|----------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Unified Program Facility Permit Current | <input checked="" type="checkbox"/> Contingency Plan Available | <input type="checkbox"/> LQG | <input type="checkbox"/> SQG |
| <input type="checkbox"/> Hazardous Materials Business Plan Available | <input type="checkbox"/> Employee Training Records Available | | |
| <input type="checkbox"/> Employee Training is Adequate | <input type="checkbox"/> Universal Waste Managed Properly | | |
| <input type="checkbox"/> Waste Disposal Records Available for Review | <input checked="" type="checkbox"/> Waste Containers | <input type="checkbox"/> Closed | <input type="checkbox"/> Labeled |
| <input type="checkbox"/> Emergency Contacts Current | <input type="checkbox"/> Updated today | <input type="checkbox"/> Waste Containers in Good Condition | |
| <input type="checkbox"/> Chemical Inventory/Map Current | <input type="checkbox"/> Updated today | Unified Program Facility Permit Expires On | <u>02/29/2024</u> |
| <input type="checkbox"/> EPA ID Active | <u>CALXXXXXXXXXX</u> | UST Permit Expires On | _____ |

- Work with your inspector to correct them during the inspection, if possible.

Inspection is complete: What's next?

- **Write report:**
 - Includes details of facility walk-through, records review, & any violations, corrective action attempts, and any pending Action Items.
- **Reports take time.**
 - Feel free to take this time to attend to other tasks.
- **Review Report & Answer Qs**



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RECORD ID #: <u>DEH2013-HUPFP-000308</u>	
CERS ID: _____	
TIME START: _____	END: _____
SPECIALIST: <u>XXXXXX</u>	
INSPECTION CONTACT: <u>XXXXXX</u>	
TITLE: _____	
PHONE: _____	
E-MAIL: _____	

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NOTE: Reinspection fees will be charged if additional inspections are required to determine compliance.

<input type="checkbox"/> Unified Program Facility Permit Current	<input type="checkbox"/> Contingency Plan Available	<input type="checkbox"/> LQG	<input type="checkbox"/> SQG
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<input type="checkbox"/> Chemical Inventory/Map Current	<input type="checkbox"/> Updated today	Unified Program Facility Permit Expires On	<u>02/29/2024</u>
<input type="checkbox"/> EPA ID Active	<u>CALXXXXXXXXXX</u>	UST Permit Expires On	_____

CONSENT TO CONDUCT INSPECTION GRANTED BY: XXXXXX TITLE: XXXXXX

The Department of Environmental Health and Quality (DEHQ) is the Certified Unified Program Agency (CUPA) for the County of San Diego. The Hazardous Materials Division (HMD), within DEHQ, implements the Unified Program, which includes programs pertaining to Hazardous Materials Business Plan (HMBP), Hazardous Waste (HW), Aboveground Petroleum Storage Act (APSA), Underground Storage Tanks (USTs), and California Accidental Release Prevention (CalARP). In San Diego County, the HMD also regulates the Medical Waste Management Act.

If you have any questions regarding this inspection, please contact XXXXXX, 619-433-2350,
Rebecca.Hernandez1@sdcounty.ca.gov

INSPECTION PHOTOS

None

INSPECTION ATTACHMENTS

None

All regulated businesses are required by law to submit their Unified Program-related information and business updates online through the California Environmental Reporting System (CERS). For additional information about CERS, go to: https://www.sandiegocounty.gov/deh/hazmat/hmd_cers.html

PRINTED NAME OF FACILITY REPRESENTATIVE*	SIGNATURE	DATE SIGNED
TITLE OF FACILITY REPRESENTATIVE*		

Department of Environmental Health and Quality, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
Phone: (858) 505-6880 <http://www.sdcdehq.org>

Inspection is complete: RTC Process?

- **Pending violations?**
 - “Usually” 30 days to correct them and provide proof.
- **Pending Action Items?**
 - Allotted time depends on the action item.
- **RTC Follow up by CUPA inspector**
 - Email/phone call reminders
 - RTC Letter sent via certified mail
 - Re-Inspection
 - Re-cited violations at Re-inspections may get escalated.



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

FACILITY NAME: CERS-TO-KIVA TEST PERMIT
 ADDRESS: 1255 IMPERIAL AVE
 CITY/ZIP: SAN DIEGO /92101

INSPECTION DATE: 06/14/2024
 RECORD ID #: DEH2013-HUPFP-000308
 CERS ID: _____
 SPECIALIST: XXXXXX
 INSPECTION CONTACT: XXXXXX
 TITLE: _____
 PHONE: _____
 E-MAIL: _____

VIOL#	VIOL CLASS	DUE DATE	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (Attach Any Supporting Documentation)
#1	HMD0131	Class I	06/24/2024	
#2	1010004	Class II	07/14/2024	06/14/2024 Corrected during inspection
#3	1020002	Class II	07/14/2024	
#4	1010005	Minor	07/14/2024	06/14/2024 Corrected during inspection

I certify under penalty of law that this facility has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the facility, and am aware that there are significant penalties for submitting false information.

PRINTED NAME OF FACILITY REPRESENTATIVE	SIGNATURE	DATE SIGNED
TITLE OF FACILITY REPRESENTATIVE		

SEND COMPLETED FORM AND SUPPORTING DOCUMENTATION TO THE ADDRESS LISTED BELOW

COUNTY OF SAN DIEGO USE ONLY

REVIEWED BY: _____ DATE: _____

SPECIALIST'S COMMENTS:

- All violations noted on date listed above were corrected
- Based On Information Provided By The Facility RTC entered by Specialist on: _____
- Based On Field Verification By Specialist RTC entered by Office Assistant on: _____

Summary

- Collaboration
- Ask Questions during or after inspection
- Keep the contact info of your inspector



Becky Hernandez
Rebecca.Hernandez1@sdcounty.ca.gov
(619) 433-2350

Thank you!

