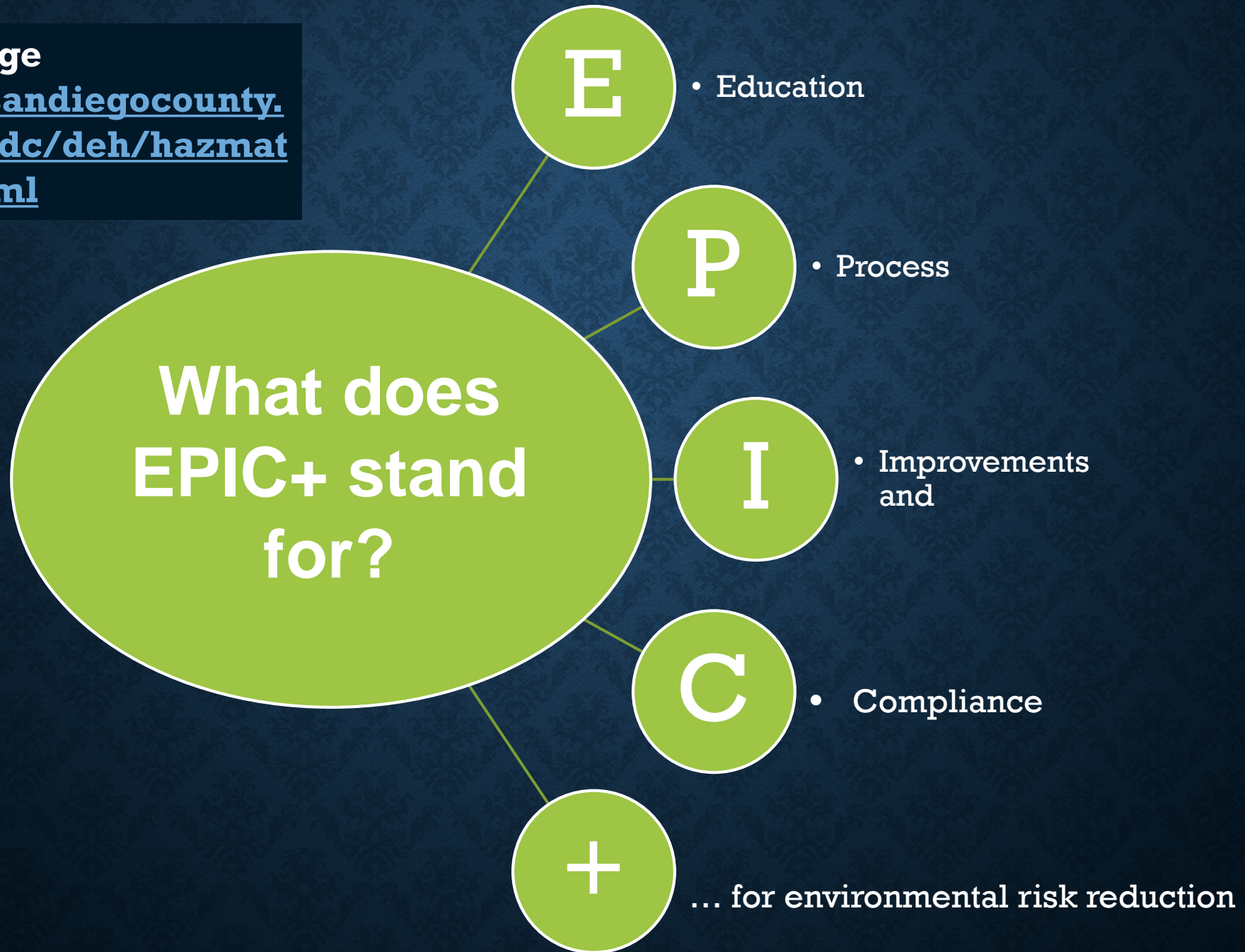


# **Section 1: Introduction**

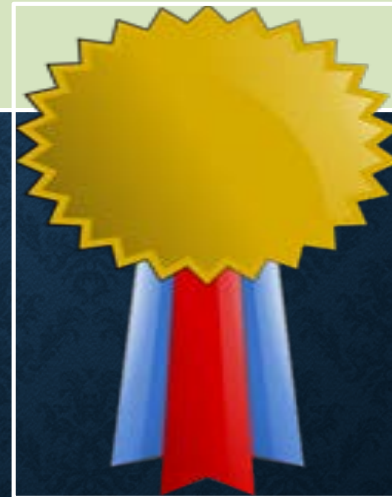
## EPIC+ Webpage

[https://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd\\_epic.html](https://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_epic.html)



# Purpose of the EPIC+ Program

**To reduce the most common  
hazardous materials,  
hazardous waste, and medical  
waste violations found at  
biotech facilities.**





# EPIC+ GOALS!



Demonstrate that education and outreach can be effective tools in obtaining compliance from the regulated community



Establish a risk-based inspection process to assist in directing resources to areas of higher risk and importance

# EPIC+ PROGRAM PARTICIPATION

Maintain a standard of compliance during routine HMD inspections

- **Facilities must have 2 full HMD inspections, or parent company must be eligible**
- **Scoring guidelines are on the page two of the application**

Facility employee must complete annual EPIC+ training

- **A consultant may NOT undergo this training on your facility's behalf**

# IMPORTANT REMINDER!

The facility is responsible for maintaining eligibility and demonstrating compliance during inspections.

Outside consultants will not be the only point of contact during emergencies at your facility.

## Purpose of this Online Training

Increasing compliance with hazardous materials, hazardous waste, and medical waste requirements


To supplement the site-specific training programs already in place at your facility

Awareness of common violations found at biotech facilities

If your facility is new to the program,  
you **must meet all the requirements and submit an application.**

This application can be found on our webpage, along with additional EPIC+ program information

[https://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd\\_epic.html](https://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_epic.html)

  
**County of San Diego**  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION  
5500 OVERLAND AVE, SAN DIEGO, CA 92123  
(858) 505-6657 <http://sdcdeh.org>  
**EPIC+ Application**  
EDUCATION, PROCESS IMPROVEMENTS, AND COMPLIANCE FOR ENVIRONMENTAL RISK REDUCTION  
*Biotech and Lab Research & Development Facilities*

<b>A. SITE INFORMATION</b>			
Business Name: _____		UPFP Number: _____	
Site/Facility Address: _____		CA _____	
Street Number	Street Name	City	State Zip Code
<b>B. APPLICANT INFORMATION</b>			
Contact Person: _____		Title: _____	
Last Name	First Name	M.L.	
Telephone #: (____) _____		<b>CONTACT PERSON MUST BE FACILITY EMPLOYEE AND CANNOT BE A CONSULTANT OR VENDOR FOR THE FACILITY</b>	
E-Mail Address: _____			
<b>C. NAME OF EMPLOYEES THAT ATTENDED SEMINAR OR COMPLETED ONLINE TRAINING</b>			
Name: _____		Seminar/Online Training Date: ____/____/____	
Name: _____		Seminar/Online Training Date: ____/____/____	
<b>TRAINED PERSONNEL MUST BE EMPLOYEE(S) AND CANNOT BE A CONSULTANT OR VENDOR FOR THE FACILITY</b>			
<b>D. COMPLIANCE HISTORY (INDICATE NUMBER OF VIOLATIONS RECEIVED)</b>			
Inspection Date: ____/____/____	Class I: ____	Class II: ____	Minor: ____
Inspection Date: ____/____/____	Class I: ____	Class II: ____	Minor: ____
Date of last HMBP Certification (if applicable): ____/____/____			<b>TO BE ELIGIBLE FOR EPIC+ EACH INSPECTION MUST SCORE FEWER THAN 15 POINTS (SEE REVERSE)</b>
<b>E. CERTIFICATION</b>			
As the business representative I certify that this business meets and will continue to meet all the Performance Standards outlined on the reverse of this page. I understand that failure to comply with these standards will trigger a return to the 24-month inspection interval and a standard fee schedule.			
Print Name: _____		Job Title: _____	
Signature: _____		Date: ____/____/____	
Note: A new application must be submitted within 30 days whenever there is a significant change in information, facility location, ownership, and/or EPIC+ trained employee. Failure to resubmit may result in cancellation of the EPIC+ status.			
<b>OFFICE USE ONLY</b>			
Received by Specialist: _____ Date: ____/____/____		Reviewed by Supervisor: _____ Date: ____/____/____	
<input type="checkbox"/>	CERS Certification	<input type="checkbox"/>	Approved
<input type="checkbox"/>	Compliance history	<input type="checkbox"/>	Not Approved
<input type="checkbox"/>	Training completed		

HM-9155 (8-17)



**END OF SECTION**