APPENDIX H
HAZARDOUS MATERIALS MANAGEMENT PLAN (HMMP) AND HAZARDOUS MATERIALS INVENTORY STATEMENT (HMIS) INSTRUCTIONS

The provisions contained in this appendix are not mandatory unless specifically referenced in the adopting ordinance.

SECTION H101
HMMP

H101.1 Part A

(See Example Format in Figure 1).

1. Fill out items and sign the declaration.
2. Part A of this section is required to be updated and submitted annually, or within 30 days of a process or management change.

H101.2 Part B–General Facility Description/Site Plan

(See Example Format in Figure 2).

1. Provide a site plan on $8^1/_2$ by 11 inch (215 mm by 279 mm) paper, showing the locations of all buildings, structures, outdoor chemical control or storage and use areas, parking lots, internal roads, storm and sanitary sewers, wells and adjacent property uses. Indicate the approximate scale, northern direction and date the drawing was completed.

H101.3 Part C–Facility Storage Map–Confidential Information

(See Example Format in Figure 3).

1. Provide a floor plan of each building identified on the site plan as containing hazardous materials on $8^1/_2$-inch by 11-inch (215 mm by 279 mm) paper, identifying the northern direction, and showing the location of each storage and use area.
2. Identify storage and use areas, including hazard waste storage areas.
3. Show the following:
    - 3.1. Accesses to each storage and use area.
    - 3.2. Location of emergency equipment.
    - 3.3. Location where liaison will meet emergency responders.
    - 3.4. Facility evacuation meeting point locations.
    - 3.5. The general purpose of other areas within the building.
    - 3.6. Location of all aboveground and underground tanks to include sumps, vaults, below-grade treatment systems, piping, etc.
    - 3.7. Show hazard classes in each area.
    - 3.8. Show locations of all Group H occupancies, control areas, and exterior storage and use areas.
    - 3.9. Show emergency exits.

SECTION H102
HMIS

H102.1 Inventory statement contents.

1. HMIS Summary Report (see Example Format in Figure 4).
    1.1. Complete a summary report for each control area and Group H occupancy.
    1.2. The storage summary report includes the HMIS Inventory Report amounts in storage, use-closed and use-open conditions.
    1.3. Provide separate summary reports for storage, use-closed and use-open conditions.
    1.4. IBC/IFC Hazard Class.
    1.5. Inventory Amount. [Solid (lb), Liquid (gal), Gas (cu ft, gal or lbs)].
    1.6. IBC/IFC Maximum Allowable Quantity per control area (MAQ). (If applicable, double MAQ for sprinkler protection and/or storage in cabinets. For wholesale and retail sales occupancies, go to Tables 5003.11.1 and 5704.3.4.1 of the *International Fire Code* for MAQs.).
2. HMIS Inventory Report (see Example Format in Figure 5).
    2.1. Complete an inventory report by listing products by location.
    2.2. Product Name.
    2.3. Components. (For mixtures specify percentages of major components if available.)
    2.4. Chemical Abstract Service (CAS) Number. (For mixtures list CAS Numbers of major components if available.)
    2.5. Location. (Identify the control area or, if it is a Group H occupancy, provide the classification, such as H-2, H-3, etc.)
    2.6. Container with a capacity of greater than 55 gallons (208 L). (If product container, vessel or tank could exceed 55 gallons, indicate yes in column.)
    2.7. Hazard Classification. (List applicable classifications for each product.)
    2.8. Stored. (Amount of product in storage conditions.)
    2.9. Closed. (Amount of product in use-closed systems.)
    2.10. Open. (Amount of product in use-open systems.)

Facilities that have prepared, filed and submitted a Tier II Inventory Report required by the U.S. Environmental Protection Agency (USEPA) or required by a state that has secured USEPA approval for a similar form shall be deemed to have complied with this section.

SECTION H103
EMERGENCY PLAN

1. Emergency Notification. (See Example Format in Figure 6.)
2. Where OSHA or state regulations require a facility to have either an Emergency Action Plan (EAP) or an Emergency Response Plan (ERP), the EAP or ERP shall be included as part of the HMMP.

SECTION H103
EMERGENCY PLAN

1. Emergency Notification. (See Example Format in Figure 6.)
2. Where OSHA or state regulations require a facility to have either an Emergency Action Plan (EAP) or an Emergency Response Plan (ERP), the EAP or ERP shall be included as part of the HMMP.

SECTION H104
REFERENCED STANDARDS

ICC IBC—15	International Building Code	H102.1
ICC IFC—15	International Fire Code	H102.1

FIGURE 1
HAZARDOUS MATERIALS MANAGEMENT PLAN SECTION I: FACILITY DESCRIPTION

1. Business Name:_____ Phone:_____
   Address:_____

2. Person Responsible for the Business
   Name: _____ Title: _____ Phone: _____

3. Emergency Contacts:

Name:	Title:	Home Number:	Work Number:

4. Person Responsible for the Application/Principal Contact:
   Name: _____ Title: _____ Phone: _____

5. Principal Business Activity:
   _____
   _____
   _____

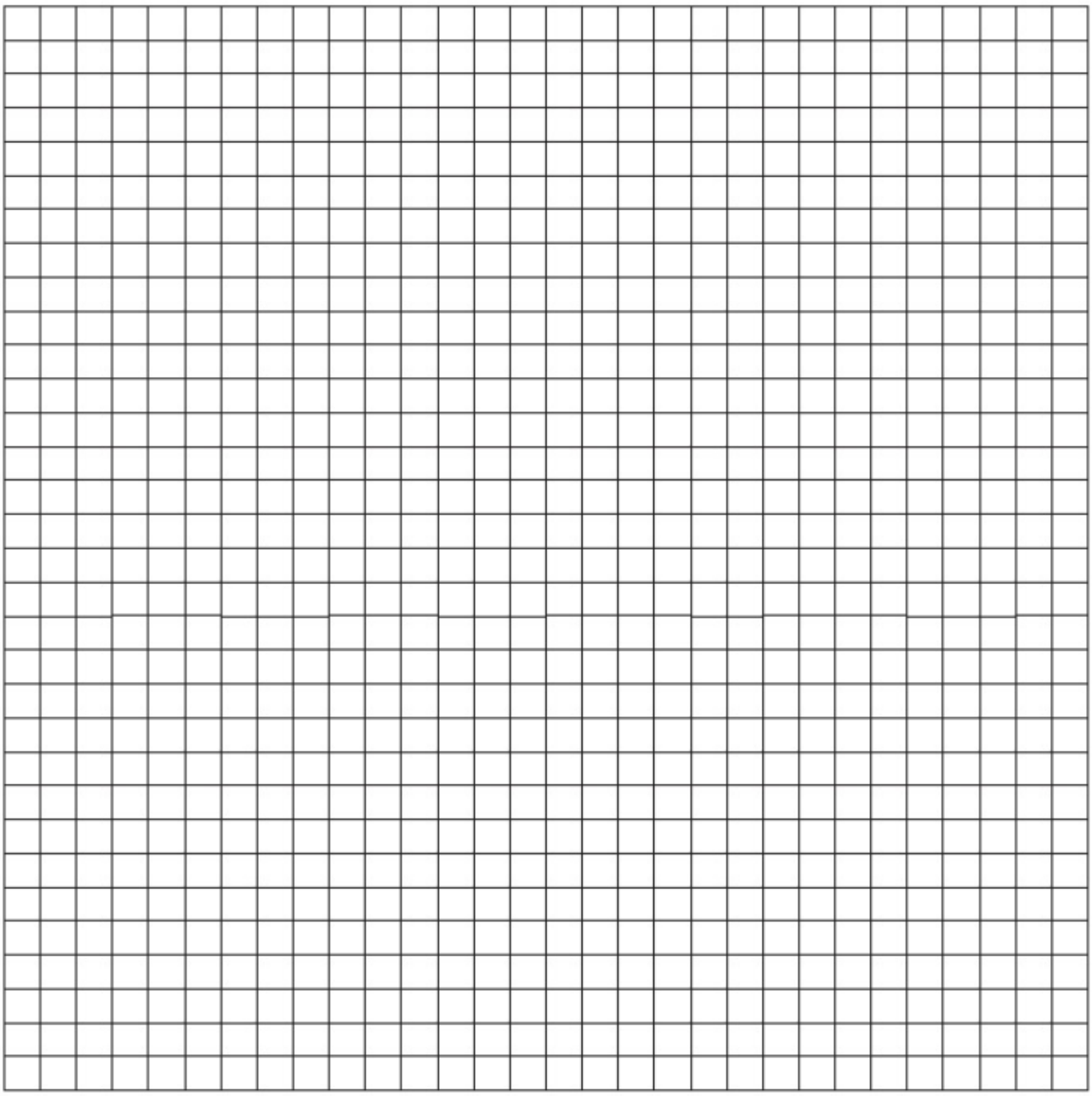
6. Number of Employees:_____

7. Number of Shifts: _____
   a. Number of Employees per Shift:
   _____
   _____
   _____

8. Hours of Operation: _____

FIGURE 2
HAZARDOUS MATERIALS MANAGEMENT PLAN SECTION I: FACILITY DESCRIPTION

FIGURE 3
HAZARDOUS MATERIALS MANAGEMENT PLAN SECTION I: FACILITY DESCRIPTION
PART C—FACILITY MAP



Business Name	Date
Address	Page of

FIGURE 4
SECTION II—HAZARDOUS MATERIALS INVENTORY STATEMENT (HMIS) HMIS SUMMARY REPORT[a] (Storage[b] Conditions)[c]

IBC/IFC HAZARD CLASS	HAZARD CLASS	INVENTORY AMOUNT			IBC/IFC MAXIMUM ALLOWABLE QUANTITY[d]		
	(Abbrev)	Solid (lb)	Liquid (gal)	Gas (cu ft, gal, lb)	Solid (lb)	Liquid (gal)	Gas (cu ft, gal, lb)
Combustible Liquid	C2		5			120	
	C3A					330	
	C3B		6			13,200	
Combustible Fiber	Loose/Baled						
Cryogenics, Flammable	Cryo-Flam					45	
Cryogenic, Oxidizing	Cryo-OX					45	
Flammable Gas	FLG						
(Gaseous)				150			1,000
(Liquefied)						30	
Flammable Liquid	F1A					30	
	F1B & F1C		5			120	
Combination (1A, 1B, 1C)			5			120	
Flammable Solid	FLS				125		
Organic Peroxide	OPU				0		
	OP1				5		
	OP2				50		
	OP3				125		
	OP4				NL		
	OP5				NL		
Oxidizer	OX4				0		
	OX3				10		
	OX2				250		
	OX1				4,000		

a. Complete a summary report for each control area and Group H occupancy.

b. Storage = storage + use-closed + use-open systems.

c. Separate reports are required for use-closed and use-open systems.

d. Include increases for sprinklefrs or storage in cabinets, if applicable.

(This is an example; add additional hazard classes as needed.)

FIGURE 5
SECTION II — HAZARDOUS MATERIALS INVENTORY STATEMENT (HMIS) HMIS INVENTORY REPORT
(Sort Products Alphabetically by Location of Product and then Alphabetically by Product Name)

Product Name (Components)[c]	CAS Number	Location[a]	Container > 55 gal[b]	Haz Class 1	Haz Class 2	Haz Class 3	Stored (lbs)	Stored (gal)	Stored (gas)[d]	Closed (lbs)	Closed (gal)	Closed gas[d]	Open (lbs)	Open (gal)
ACETYLENE (Acetylene gas)	74-86-2	Control Area 1		FLG	UR2				150					
BLACK AEROSOL SPRAY PAINT (Mixture)	Mixture	Control Area 1		A-L3			24							
GASOLINE, UNLEADED (Gasoline-Mixture) Methyl-t-Butyl-Ether-15% Diisopropyl Ether-7% Ethanol-11% Toluene-12% Xylene-11%	8006-61-9 1634-04-4 108-20-3 64-17-5 108-88-3 1330-20-7	Control Area 1		F1B				5						
MOTOR OIL-10W40 (Hydrotreated Heavy Paraffinic Distillate-85%; Additives-20%)	64742-54-7 Mixture	Control Area 1		C3B				3						
DIESEL (Diesel-99-100%; Additives)	68476-34-6 Proprietary	Control Area 2	Yes	C2				225						
TRANSMISSION FLUID (Oil-Solvent-Neutral; Performance Additives)	64742-65-0	Control Area 2		C3B				3						
OXYGEN, GAS (Oxygen)	7782-44-7	H-3		OXG					5,000					

a. Identify the control area or, if it is a Group H occupancy, provide the classification, such as H-2, H-3, etc.

b. If the product container, vessel or tank could exceed 55 gallons, indicate yes in the column.

c. Specify percentages of main components if available.

d. In cubic feet, gallons or pounds.

(This is an example; add additional hazard classes as needed.)

FIGURE 6
HAZARDOUS MATERIALS MANAGEMENT PLAN
SECTION III: EMERGENCY PLAN

1. In the event of an emergency, the following shall be notified:
   a. Facility Liaison

Name	Title	Home Number	Work Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

   b. Agency

Agency	Contact	Phone Number
Fire Department	_____	_____
LEPC	_____	_____
Other	_____	_____