

SAMPLE FORMAT OF HAZARDOUS MATERIALS MANAGEMENT PLAN (HMMP) INSTRUCTIONS

SECTION I — FACILITY DESCRIPTION

1.1 Part A

1. Fill out Items 1 through 11 and sign the declaration.
2. Only Part A of this section is required to be updated and submitted annually, or within 30 days of a change.

1.2 Part B—General Facility Description (Site Plan)

1. Provide a site plan on 8½ in. by 11 in. (215 mm by 279 mm) paper, using letters on the top and bottom margins and numbers on the right and left side margins, showing the location of all buildings, structures, chemical loading areas, parking lots, internal roads, storm and sanitary sewers, wells, and adjacent property uses.
2. Indicate the approximate scale, northern direction, and date the drawing was completed.
3. List all special land uses within 1 mi (1.609 km).

1.3 Part C—Facility Storage Map (Confidential Information)

1. Provide a floor plan of each building on 8½ in. by 11 in. (215 mm by 279 mm) paper, using letters on the top and bottom margins and numbers on the right and left side margins, with approximate scale and northern direction, showing the location of each storage area. Mark map clearly “Confidential — Do Not Disclose” for trade-secret information as specified by federal, state, and local laws.
2. Identify each storage area with an identification number, letter, name, or symbol.
3. Show the following:
 - (a) Accesses to each storage area.
 - (b) Location of emergency equipment.
 - (c) The general purpose of other areas within the facility.
 - (d) Location of all aboveground and underground tanks to include sumps, vaults, below-grade treatment systems, piping, etc.
4. Provide the following on the map or in a map key or legend for each storage area:
 - (a) A list of hazardous materials, including wastes
 - (b) Hazard class of each hazardous waste
 - (c) The maximum quantity for hazardous materials
 - (d) The contents and capacity limit of all tanks at each area and indicate whether they are above or below ground
5. List separately any radioactives, cryogenics, and compressed gases for each facility.
6. Trade-secret information shall be listed as specified by federal, state, and local laws.

SECTION II — HAZARDOUS MATERIALS INVENTORY STATEMENT (HMIS)

2.1 Part A—Declaration

Fill out all appropriate information.

2.2 Part B—Inventory Statement

1. You must complete a separate inventory statement for all waste and nonwaste hazardous materials. List all hazardous materials in alphabetical order by hazard class.
2. Inventory Statement Instructions.

Column	Information Required
1	Provide hazard class for each material.
2	Nonwaste. Provide the common or trade name of the regulated material. Waste. In lieu of trade names, you may provide the waste category.
3	Provide the chemical name and major constituents and concentrations, if a mixture.
4	Enter the chemical abstracts service registry number (CAS number) found in the MSDS. For mixtures, enter the CAS number of the mixture as a whole if it has been assigned a number distinct from its constituents. For a mixture that has no CAS number, leave this item blank.
5	Enter the following descriptive codes as they apply to each material. You may list more than one code, if applicable. P = Pure M = Mixture S = Solid L = Liquid G = Gas
6	Provide the maximum aggregate quantity of each material handled at any one time by the business. For underground tanks, list the maximum volume [in gallons (liters)] of the tank. Enter the estimated average daily amount on site during the past year.
7	Enter the units used in Column 6 as: lb = Pounds gal = Gallons cf = Cubic Feet
8	Enter the number of days that the material was present on site (during the last year).

FIGURE C.3.1 Sample Format of Hazardous Materials Management Plan (HMMP) Instructions.

Column Information Required

- 9 Enter the storage codes below for type, temperature, and pressure:

Type

- A = Aboveground Tank
- B = Belowground Tank
- C = Tank Inside Building
- D = Steel Drum
- E = Plastic or Nonmetallic Drum
- F = Can
- G = Carboy
- H = Silo
- I = Fiber Drum
- J = Bag
- K = Box
- L = Cylinder
- M = Glass Bottle or Jug
- N = Plastic Bottles or Jugs
- O = Tote Bin
- P = Tank Wagon
- Q = Rail Car
- R = Other

Temperature

- 4 = Ambient
- 5 = Greater than Ambient
- 6 = Less than Ambient, but not Cryogenic [less than -150°F (-101.1°C)]
- 7 = Cryogenic conditions [less than -150°F (-101.1°C)]

Pressure

- 1 = Ambient (Atmospheric)
- 2 = Greater than Ambient (Atmospheric)
- 3 = Less than Ambient (Atmospheric)

- 10 For each material listed, provide the SARA Title III hazard class as listed below. You may list more than one class. These categories are defined in 40 CFR 370.66.

Physical Hazard

- F = Fire
- P = Sudden Release of Pressure
- R = Reactivity

Health Hazard

- I = Immediate (Acute)
- D = Delayed (Chronic)

- 11 **Waste Only.** For each waste, provide the total estimated amount of hazardous waste handled throughout the course of the year.

SECTION III—SEPARATION AND MONITORING**3.1 Part A—Aboveground**

Fill out Items 1 through 6, or provide similar information for each storage area shown on the facility map. Use additional sheets as necessary.

3.2 Part B—Underground

1. Complete a separate page for each underground tank, sump, vault, belowgrade treatment system, etc.
2. Check the type of tank and method(s) that applies to your tank(s) and piping, and answer the appropriate questions. Provide any additional information in the space provided or on a separate sheet.

SECTION IV—WASTE DISPOSAL

Check all that apply and list the associated wastes for each method checked.

SECTION V—RECORD KEEPING

Include a brief description of your inspection procedures. You are also required to keep an inspection log and recordable discharge log, which are designed to be used in conjunction with routine inspections for all storage facilities or areas. Place a check in each box that describes your forms. If you do not use the sample forms, provide copies of your forms for review and approval.

SECTION VI—EMERGENCY RESPONSE PLAN

1. This plan should describe the personnel, procedures, and equipment available for responding to a release or threatened release of hazardous materials that are stored, handled, or used on site.
2. A check or a response under each item indicates that a specific procedure is followed at the facility, or that the equipment specified is maintained on site.
3. If the facility maintains a more detailed emergency response plan on site, indicate this in Item 5. This plan shall be made available for review by the inspecting jurisdiction.

SECTION VII—EMERGENCY RESPONSE TRAINING PLAN

1. This plan should describe the basic training plan used at the facility.
2. A check in the appropriate box indicates the training is provided or the records are maintained.
3. If the facility maintains a more detailed emergency response training plan, indicate this in Item 4. This plan shall be made available for review by the inspecting jurisdiction.

FIGURE C.3.1 *Continued*

HAZARDOUS MATERIALS MANAGEMENT PLAN SECTION I: FACILITY DESCRIPTION

Part A—General Information

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. Property Owner:

Name	Address	Phone
_____	_____	_____

6. Principal Business Activity: _____

7. Number of Employees: _____

8. Number of Shifts: _____

9. Hours of Operation: _____

10. SIC Code: _____

11. Dunn and Bradstreet Number: _____

12. Declaration:
I certify that the information above and on the following parts is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____ Title: _____

(Must be signed by owner/operator or designated representative)

Part B—General Facility Description/Site Plan

(Use grid format in Part C)

Special land uses within 1 mi (1.609 km): _____

FIGURE C.3.1 *Continued*

SECTION I: FACILITY DESCRIPTION (Continued)

Part C— Facility Map
(Use grid format below)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
BUSINESS NAME												DATE			
ADDRESS								CITY				PAGE ____ OF ____			

SECTION II: HAZARDOUS MATERIALS INVENTORY STATEMENT

Part A—Declaration

1. Business Name: _____

2. Address: _____

3. Declaration:
Under penalty of perjury, I declare the above and subsequent information, provided as part of the hazardous materials inventory statement, is true and correct.

Signature: _____ Date: _____

Print Name: _____ Title: _____

(Must be signed by owner / operator or designated representative)

FIGURE C.3.1 *Continued*

SECTION II: HAZARDOUS MATERIALS INVENTORY STATEMENT (Continued)

Part B—Hazardous Materials Inventory Statement

(1) Hazard Class	(2) Common/Trade Name	(3) Chemical Name, Components and Concentration	(4) Chemical Abstract Service No.	(5) Physical State

(6) Maximum Quantity on Hand at Any Time	(7) Units	(8) Days on Site	(9) Storage Code (Type, Pressure, Temperature)	(10) SARA Class	(11) Annual Waste Throughput

SECTION III: SEPARATION, SECONDARY CONTAINMENT, AND MONITORING

Part A—Aboveground Storage Areas

Storage Area Identification (as shown on facility map): _____

1. Storage Type:
 - Original containers
 - Inside machinery
 - 55 gal (208.2 L) drums or storage shed
 - Pressurized vessel
 - Safety cans
 - Bulk tanks
 - Outside barrels
 - Other: _____

2. Storage Location:
 - Inside building
 - Secured
 - Outside building

3. Separation:
 - All materials
 - Compatible
 - Separation by 20 ft (6.1 m)
 - One-hour separation wall/partition
 - Approved cabinets
 - Other: _____

FIGURE C.3.1 *Continued*

SECTION III: SEPARATION, SECONDARY CONTAINMENT, AND MONITORING (Continued)

4. Secondary Containment:

- Approved cabinet
- Tray
- Vaulted tank
- Double-wall tank
- Secondary drums
- Bermed, coated floor
- Other: _____

5. Monitoring:

- Visual
 - Continuous
 - Other: _____
- Attach specifications if necessary

6. Monitoring Frequency:

- Daily
 - Weekly
 - Other: _____
- Attach additional sheets as necessary

Part B—Underground

Single-Wall Tanks and Piping

Tank Area Identification (as shown on facility map): _____

1. Backfill vapor wells
 Model and manufacturer: _____
 Continuous or monthly testing: _____
2. Groundwater monitoring wells
3. Monthly precision tank test
4. Piping
 Monitoring method: _____
 Frequency: _____
5. Other: _____

Double-Wall Tanks and Piping

Tank Area Identification (as shown on facility map): _____

1. Method of monitoring the annular space: _____
2. Frequency: Continuous Daily Weekly Other: _____
3. List the type of secondary containment for piping: _____
4. List method of monitoring the secondary containment for piping: _____
5. Are there incompatible materials within the same vault? Yes No
 If yes, how is separate secondary containment provided? _____

Note: If you have continuous monitoring equipment, you shall maintain copies of all service and maintenance work. Such reports shall be made available for review on site, and shall be submitted to the fire prevention bureau upon request.
Attach additional sheets as necessary

SECTION IV: WASTE DISPOSAL

- Discharge to the Sanitary Sewer—
 Wastes: _____
- Pretreatment—
 Wastes: _____
- Licensed Waste Hauler—
 Wastes: _____
- Recycle—
 Wastes: _____

FIGURE C.3.1 Continued

SECTION IV: WASTE DISPOSAL (Continued)

- Other —
Describe method: _____
Wastes: _____
- No Waste

SECTION V: RECORD KEEPING

Description of our inspection program: _____

- We will use the attached sample forms in our inspection program.
- We will not use the sample forms. We have attached a copy of our own forms.

SECTION VI: EMERGENCY RESPONSE PLAN

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

A. On-Site Responders:

Name	Title	Phone
_____	_____	_____
_____	_____	_____

B. Method of Notification to Responder:

- Automatic alarm
- Manual alarm
- Phone
- Verbal
- Other: _____

C. Agency and Phone Number:

- Fire Department: _____
- State Office of Emergency: _____
- Services: _____
- Other: _____

2. Designated Local Emergency Medical Facility:

Name	Address	Phone (24 hours)
_____	_____	_____

3. Mitigation Equipment:

A. Monitoring Devices:

- Toxic or flammable gas detection
- Fluid detection
- Other: _____

B. Spill Containment:

- Absorbents
- Other: _____

C. Spill Control and Treatment

- Vapor scrubber
- Pumps/vacuums
- Neutralizer
- Mechanical ventilation
- Secondary containment
- Other: _____

FIGURE C.3.1 Continued

SECTION VI: EMERGENCY RESPONSE PLAN (Continued)

4. Evacuation:

- Immediate area evacuation routes posted
- Entire building evacuation procedures developed
- Assembly areas preplanned
- Evacuation maps posted
- Other: _____

5. Supplemental hazardous materials emergency response plan on site

Location: _____
 Responsible person: _____
 Phone: _____

SECTION VII: EMERGENCY RESPONSE TRAINING PLAN

1. Person responsible for the emergency response training plan:

Name	Title	Phone
_____	_____	_____

2. Training Requirements:

- A. All employees trained in the following as indicated:
 - Procedures for internal alarm/notification
 - Procedures for notification of external emergency response organizations
 - Location and content of the emergency response plan
- B. Chemical handlers are trained in the following as indicated:
 - Safe methods for handling and storage of hazardous materials
 - Proper use of personal protective equipment
 - Locations and proper use of fire- and spill-control equipment
 - Specific hazards of each chemical to which they may be exposed
- C. Emergency response team members are trained in the following:
 - Procedures for shutdown of operations
 - Procedures for using, maintaining, and replacing facility emergency and monitoring equipment

3. The following records are maintained for all employees:

- Verification that training was completed by the employee
- Description of the type and amount of introductory and continuing training
- Documentation on and description of emergency response drills conducted at the facility

4. A more comprehensive and detailed emergency response training plan is maintained on site.

Location: _____
 Responsible person: _____
 Phone: _____

FIGURE C.3.1 Continued