

RISK MANAGEMENT

UNIFIED PROGRAM AGENCY (CUPA)

Santa Monica CCD - Main Campus

CUPA PERMIT APPLICATION PACKAGE

Consolidated Contingency Plan



CITY OF SANTA MONICA

FIRE DEPARTMENT



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City of Santa Monica – Unified Program (CUPA) Agency
 333 Olympic Drive, Santa Monica, CA 90401
CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

| FACILITY IDENTIFICATION | | | |
|---|-----|-----------------------------|------------------------------|
| BUSINESS NAME Santa Monica Community College – Main Campus | 3 | FACILITY ID # 1 10172935 | |
| SITE ADDRESS 1900 Pico Blvd. | 103 | CITY Santa Monica | 104 ZIP CODE 105 90405 |

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- ▶ Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- ▶ Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

| PROGRAMS | SECTION(S) TO BE COMPLETED |
|---|--|
| *Hazardous Materials Business Plan (HMBP) | Cover Page, Section I, and Site Map(s) |
| Hazardous Waste Generator (HWG) | Cover Page, Section I, and Site Mccap(s) |
| Underground Storage Tank (UST) | Cover Page, Sections I and II, and Site Map(s) |
| HMBP, HWG, UST | Cover Page, Sections I and II, and Site Map(s) |

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

| PLAN CERTIFICATION | |
|---|--|
| <i>I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.</i> | |
| Printed Name of Owner/ Operator Adriene Daniels | Title of Owner/Operator Insurance Program Specialist |
| Signature of Owner/ Operator <i>Adriene Daniels</i> | Date September 24, 2012 |

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact the City of Santa Monica Fire Department.

UNIFIED PROGRAM AGENCY (CUPA)

Santa Monica CCD - Science Bldg

CUPA PERMIT APPLICATION PACKAGE

Consolidated Contingency Plan



CITY OF SANTA MONICA

FIRE DEPARTMENT



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City of Santa Monica – Unified Program (CUPA) Agency
 333 Olympic Drive, Santa Monica, CA 90401
CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

| FACILITY IDENTIFICATION | | | |
|--|-----|-----------------------------|------------------------------|
| BUSINESS NAME Santa Monica Community College – Science Bldg | 3 | FACILITY ID # 1 10130752 | |
| SITE ADDRESS 1900 Pico Blvd. | 103 | CITY Santa Monica | 104 ZIP CODE 105 90405 |

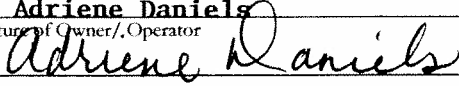
The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

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|---|--|
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| PLAN CERTIFICATION | |
|---|--|
| <i>I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.</i> | |
| Printed Name of Owner/ Operator Adriene Daniels | Title of Owner/Operator Insurance Program Specialist |
| Signature of Owner/Operator  | Date September 24, 2012 |

UNIFIED PROGRAM AGENCY (CUPA)

Santa Monica CCD - Maintenance Facility

CUPA PERMIT APPLICATION PACKAGE

Consolidated Contingency Plan



CITY OF SANTA MONICA

FIRE DEPARTMENT



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City of Santa Monica – Unified Program (CUPA) Agency
 333 Olympic Drive, Santa Monica, CA 90401
CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

| FACILITY IDENTIFICATION | | | |
|--|-----|-----------------------------|------------------------------|
| BUSINESS NAME Santa Monica Community College – Maintenance Facility | 3 | FACILITY ID # 1 10173003 | |
| SITE ADDRESS 1900 Pico Blvd. | 103 | CITY Santa Monica | 104 ZIP CODE 105 90405 |

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- ▶ Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- ▶ Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,


This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

| PROGRAMS | SECTION(S) TO BE COMPLETED |
|---|--|
| *Hazardous Materials Business Plan (HMBP) | Cover Page, Section I, and Site Map(s) |
| Hazardous Waste Generator (HWG) | Cover Page, Section I, and Site Map(s) |
| Underground Storage Tank (UST) | Cover Page, Sections I and II, and Site Map(s) |
| HMBP, HWG, UST | Cover Page, Sections I and II, and Site Map(s) |

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

PLAN CERTIFICATION

I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.

| | |
|---|--|
| Printed Name of Owner/ Operator Adriene Daniels | Title of Owner/Operator Insurance Program Specialist |
| Signature of Owner/ Operator  | Date September 24, 2012 |

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact the City of Santa Monica Fire Department.

City of Santa Monica – Unified Program (CUPA) Agency
333 Olympic Drive, Santa Monica, CA 90401
CONSOLIDATED CONTINGENCY PLAN

ADVISORY

The site-specific Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. The contingency plan shall be reviewed, and immediately amended, if necessary, whenever:

- ▶ The plan fails in an emergency,
- ▶ The facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- ▶ The list of emergency coordinators changes, or
- ▶ The list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

UST owners/operators be advised that the City of Santa Monica's Fire Department, must be notified within 30 days of any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan.

City of Santa Monica – Unified Program (CUPA) Agency
 333 Olympic Drive, Santa Monica, CA 90401
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

| I. FACILITY IDENTIFICATION | | | |
|--|-----|---|--------------|
| BUSINESS NAME Santa Monica Community College-Maintenance Facility | 3 | FACILITY ID # 1 10173003 | |
| SITE ADDRESS 1900 Pico Blvd. | 103 | CITY Santa Monica | 104 |
| | | ZIP CODE | 105 90405 |
| II. EMERGENCY CONTACTS | | | |
| PRIMARY | | SECONDARY | |
| NAME * Albert Vasquez | 123 | NAME * J.C. Saunders-Keurjian - Bruce Wyban | 128 |
| TITLE Dean, Campus Security/Student Health & Safety Chief of Police | 124 | TITLE Chief Director of Facilities Management | 129 |
| BUSINESS PHONE 310 434-4302 | 125 | BUSINESS PHONE 310 434- 4144 4876 | 130 |
| 24-HOUR PHONE 310-434-4300 | 126 | 24-HOUR PHONE 310 434-4144 | 131 |
| PAGER # | 127 | PAGER # | 132 |
| III. EMERGENCY RESPONSE PLANS AND PROCEDURES | | | |
| A. Notifications | | | |
| Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call: <p style="text-align: center;">FIRE/PARAMEDICS/POLICE/SHERIFF PHONE: 911</p> AFTER the local emergency response personnel are notified, you shall then notify the Santa Monica Unified Program Agency (CUPA) and the Office of Emergency Services. City of Santa Monica CUPA: (310) 458-4971 State Office of Emergency Service: (800) 852-7550 or (916) 845-8911 National Response Center: (800) 424-8802 | | | |
| Information to be provided during Notification: | | | |
| <ul style="list-style-type: none"> ▶ Your Name and the Telephone Number from where you are calling. ▶ Exact address of the release or threatened release. ▶ Date, time, cause, and type of incident (e.g. fire, air release, spill etc.) ▶ Material and quantity of the release, to the extent known. ▶ Current condition of the facility. ▶ Extent of injuries, if any. ▶ Possible hazards to public health and/ or the environment outside of the facility. | | | |
| B. Emergency Medical Facility | | | |
| List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material | | | |
| HOSPITAL/CLINIC: Santa Monica, UCLA | | PHONE NO: (310) 319- 4870 | |
| ADDRESS: 1225-15th Street | | | |
| CITY: Santa Monica, CA | | ZIP CODE: 90404 | |

City of Santa Monica – Unified Program (CUPA) Agency
 333 Olympic Drive, Santa Monica, CA 90401
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

| | |
|--|---------------------------------|
| C. Private Emergency Response | |
| DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials. | |
| CLEANUP/DISPOSAL CONTRACTOR | |
| List the contractor that will provide cleanup services in the event of a release. | |
| NAME OF CONTRACTOR: Clean Harbors Environmental Services | PHONE NO: (714) 336 - 3806 |
| ADDRESS: 3806 East Denni Street | |
| CITY: Wilmington | ZIP CODE: 90744 |
| D. Arrangements With Emergency Responders | |
| If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below: The district has made arrangements with our medical provider, to provide medical care in the event of an emergency. | |
| E. Evacuation Plan | |
| 1. The following alarm signal(s) will be used to begin evacuation of the facility (<i>check all which apply</i>): <input checked="" type="checkbox"/> Verbal <input checked="" type="checkbox"/> Telephone (<i>including cellular</i>) <input checked="" type="checkbox"/> Alarm System <input type="checkbox"/> Public Address System <input type="checkbox"/> Intercom <input type="checkbox"/> Pagers <input checked="" type="checkbox"/> Portable Radio <input type="checkbox"/> Other (<i>specify</i>): | |
| 2. <input checked="" type="checkbox"/> Evacuation map is prominently displayed throughout the facility. | |
| 3. <input type="checkbox"/> Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated: <div style="text-align: center;">Albert Vasquez, Chief of Police</div> | |
| F. Earthquake Vulnerability | |
| Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion. <input checked="" type="checkbox"/> Hazardous Waste/ Hazardous Materials Storage Areas <input type="checkbox"/> Production Floor <input type="checkbox"/> Process Lines <input checked="" type="checkbox"/> Bench/ Lab <input type="checkbox"/> Waste Treatment <input type="checkbox"/> Other: | |
| Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion. <input checked="" type="checkbox"/> Utilities <input checked="" type="checkbox"/> Sprinkler Systems <input type="checkbox"/> Cabinets <input type="checkbox"/> Shelves <input type="checkbox"/> Racks <input type="checkbox"/> Pressure Vessels <input checked="" type="checkbox"/> Gas Cylinders <input type="checkbox"/> Tanks <input type="checkbox"/> Process Piping <input checked="" type="checkbox"/> Shutoff Valves <input type="checkbox"/> Other: | |

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 333 Olympic Drive, Santa Monica, CA 90401
CONSOLIDATED CONTINGENCY PLAN
SECTION I: BUSINESS PLAN and CONTINGENCY PLAN

| G. Emergency Procedures |
|---|
| Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials: |
| 1. PREVENTION (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures. |
| The kinds of hazards associated with the hazardous materials in our district are spills and leaks. |
| Containers of hazardous materials and wastes are stored with secondary containment. Containers are stored away from drains, in leak proof containers with tightly fitted lids, and held until lawfully discarded. Incompatible materials and wastes are stored separately. |
| The "bunker" at the northwest portion of the main college campus is designed and equipped to store hazardous materials. |
| Employees are trained on the business plan measures, and are trained to handle materials using proper ppe such as gloves and safety goggles. |
| 2. MITIGATION (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business? |
| Small spills are spills of minimal quantities that are contained and mitigated onsite by district employees. The response to small spills is the following: Evacuate any unnecessary employees from the area of the spill. Using absorbent materials, make sure that the spilled material is contained and prevented from contaminating the ground soil, water, or discharge off of the campus property. |
| Large spills are spills of larger quantities that the district is unable to safely contain and mitigate without assistance and involve quantities of spilled materials that require reporting to the Santa Monica Fire Department. The response to large spills is the following: Immediately notify employees to evacuate and call 911. |
| 3. ABATEMENT (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility? |
| The response to a limited spill is the following: Employees involved in the clean up of a spill will wear protective rubber gloves, safety goggles, and any additional protective clothing. Absorbed material will be placed in a leak proof container that is compatible with the waste. The container will have a tight fitting lid and be properly labeled as hazardous waste. The waste will be lawfully disposed as hazardous waste. |
| Necessary notifications will be made to the Santa Monica Fire Department and to the State Office of Emergency Services. |
| |

City of Santa Monica – Unified Program (CUPA) Agency
 333 Olympic Drive, Santa Monica, CA 90401
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

| 1. Equipment Category | 2. Equipment Type | 3. Location * | 4. Description** |
|---|--|----------------------|-------------------------------|
| Personal Protective, Equipment, Safety Equipment, and First Aid Equipment | <input type="checkbox"/> Cartridge Respirators | | |
| | <input type="checkbox"/> Chemical Monitoring Equipment (describe) | | |
| | <input type="checkbox"/> Chemical Protective Aprons/Coats | | |
| | <input type="checkbox"/> Chemical Protective Boots | | |
| | <input type="checkbox"/> Chemical Protective Gloves | | |
| | <input type="checkbox"/> Chemical Protective Suits (describe) | | |
| | <input checked="" type="checkbox"/> Face Shields | Maintenance Facility | |
| | <input type="checkbox"/> First Aid Kits/Stations (describe) | | |
| | <input type="checkbox"/> Hard Hats | | |
| | <input checked="" type="checkbox"/> Plumbed Eye Wash Stations | Maintenance Facility | Maintenance & Operations |
| | <input type="checkbox"/> Portable Eye Wash Kits (i.e. bottle type) | | |
| | <input type="checkbox"/> Respirator Cartridges (describe) | | |
| | <input checked="" type="checkbox"/> Safety Glasses/Splash Goggles | Maintenance Facility | Maintenance & Operations |
| | <input checked="" type="checkbox"/> Safety Showers | Maintenance Facility | Facility Maintenance |
| <input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA) | | | |
| <input type="checkbox"/> Other (describe) | | | |
| Fire Extinguishing Systems | <input type="checkbox"/> Automatic Fire Sprinkler Systems | | |
| | <input checked="" type="checkbox"/> Fire Alarm Boxes/Stations | Campus-wide | |
| | <input checked="" type="checkbox"/> Fire Extinguisher Systems (describe) | Campus-wide | Portable Fire Extinguishers |
| | <input type="checkbox"/> Other (describe) | | |
| Spill Control Equipment and Decontamination Equipment | <input checked="" type="checkbox"/> Absorbents (describe) | Maintenance Facility | For small spills to 1 Ga only |
| | <input type="checkbox"/> Berms/Dikes (describe) | | |
| | <input type="checkbox"/> Decontamination Equipment (describe) | | |
| | <input type="checkbox"/> Emergency Tanks (describe) | | |
| | <input type="checkbox"/> Exhaust Hoods | | |
| | <input type="checkbox"/> Gas Cylinders Leak Repair Kits (describe) | | |
| | <input checked="" type="checkbox"/> Neutralizers (describe) | Maintenance Facility | |
| | <input type="checkbox"/> Overpack Drums | | |
| | <input checked="" type="checkbox"/> Sumps (describe) | Maintenance Facility | |
| <input type="checkbox"/> Other (describe) | | | |
| Communications and Alarm Systems | <input type="checkbox"/> Chemical Alarms (describe) | | |
| | <input checked="" type="checkbox"/> Intercoms/ PA Systems | | Maintenance & Operations |
| | <input checked="" type="checkbox"/> Portable Radios | | Maintenance & Operations |
| | <input checked="" type="checkbox"/> Telephones | Campus-wide | Maintenance & Operations |
| | <input type="checkbox"/> Underground Tank Leak Detection Monitors | | |
| <input type="checkbox"/> Other (describe) | | | |
| Additional Equipment (Use Additional Pages if Needed.) | | | |
| | | | |
| | | | |
| | | | |
| | | | |

* Use the Location Codes (L.C) from the Site Map(s) prepared for your Contingency Plan.

** Describe the equipment and its capabilities. If applicable, specify any testing/ maintenance procedures/ intervals. Attach additional pages, numbered appropriately, if needed.

City of Santa Monica – Unified Program (CUPA) Agency
 333 Olympic Drive, Santa Monica, CA 90401
CONSOLIDATED CONTINGENCY PLAN
SECTION I: BUSINESS PLAN and CONTINGENCY PLAN

V. EMPLOYEE TRAINING

All facilities which handle hazardous materials must have a written employee training plan. An outline of a typical plan has been provided below for you to complete and submit. The items listed below are required per Health and Safety Code Section 25504 (c) and Title 19 Section 2732.

Facility personnel are trained as follows:

| | |
|---|---|
| ▶ | 1. Familiarity with all plans and procedures specified in the Contingency Plan. |
| ▶ | 2. Methods for Safe Handling of Hazardous Materials. |
| ▶ | 3. Safety procedures in the event of a release or threatened release of a hazardous material. |
| ▶ | 4. Use of Emergency Response equipment and supplies under the control of the business. |
| ▶ | 5. Procedures for Coordination with local Emergency Response Organizations. |

Training shall be provided:

- ▶ Initially for all new employees.
- ▶ Annually, including refresher courses, for all employees.

Note: These training programs may take into consideration the position of each employee.

Additional training should include:

- ▶ 1. Internal alarm/notification procedures.
- ▶ 2. Evacuation/re-entry procedures and assembly point locations.
- ▶ 3. Material Safety Data Sheet (MSDS) training including specific hazard(s) of each chemical to which employees may be exposed, including routes of exposure (*i.e. inhalation, ingestion, absorption*).

VI. HAZARDOUS WASTE GENERATOR TRAINING

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also required to document training. The items below are required.

| |
|--|
| EMPLOYEE TRAINING |
| 1. Facility personnel will successfully complete training within six months after the date of their employment or assignment to a facility or to a new position at a facility. |
| 2. Employees will not handle hazardous wastes without supervision until trained. |
| TRAINING DOCUMENTATION |
| 1. The owner or operator must maintain the following documents and records at the facility: |
| 2. Job title for each position at the facility that is related to hazardous waste management, and the names of the employee(s) filling the position(s). |
| 3. Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position). |
| 4. Description of <i>type</i> and <i>amount</i> of both introductory and continuing training given to each employee. |
| 5. Records that document that the requirements for training or job experience have been met. |
| 6. Current employees' training records (to be retained until closure of the facility). |
| 7. Former employees' training records (to be retained at least three years after termination of employment). |

City of Santa Monica – Unified Program (CUPA) Agency
 333 Olympic Drive, Santa Monica, CA 90401
CONSOLIDATED CONTINGENCY PLAN
SECTION I and SECTION II: SITE MAP

SITE MAP

A site plan and storage map must be included with your Contingency Plan. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Map has been provided on the reverse side of this page. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

Please utilize the standard and hazardous materials map symbols attached that apply to your facility.

1. **Site Plan:** This drawing shall contain, at a minimum, the following information:
 - a. Site Orientation (north, south, etc.);
 - b. Approximate scale (*e.g. "1 inch = 10 feet".*);
 - c. Date the map was drawn;
 - d. Locations of all buildings and other structures;
 - e. Parking lots and internal roads;
 - f. Hazardous materials loading/unloading areas;
 - g. Outside hazardous materials storage or use areas;
 - h. Storm drain and sanitary sewer drain inlets;
 - i. Wells for monitoring of underground tank systems;
 - j. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
 - k. Adjacent property use;
 - l. Locations and names of adjacent streets and alleys;
 - m. Access and egress points and roads.


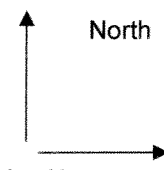
2. **Storage Map(s):** The map(s) shall contain, at a minimum, the following information:
 - a. General purpose of each section/area within each building (*e.g. "Office Area", "Manufacturing Area", etc.*);
 - b. Location of each hazardous material/waste storage, dispensing, use, or handling area (*e.g. individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.*). Each area shall be identified by a unique location code number, letter, or name (*e.g. "1", "2", "3", "A", "B", "C", etc.*);
 - c. Entrances to and exits from each building and hazardous material/waste room/area;
 - d. Location of each utility emergency shut-off point (*i.e. gas, water, electric.*);
 - e. Location of each monitoring system control panel (*e.g. underground tank monitoring, toxic gas monitoring, etc.*).

3. Map Legend









| Item and/or Description | Location Code (LC) |
|-------------------------|--------------------|
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City of Santa Monica – Unified Program (CUPA) Agency
 333 Olympic Drive, Santa Monica, CA 90401
CONSOLIDATED CONTINGENCY PLAN
SECTION I and SECTION II: SITE MAP

| | | | |
|-------------------------|-------|---------------------|----------|
| BUSINESS NAME | | | 3 |
| SITE ADDRESS | | 103 | CITY |
| | | SANTA MONICA | |
| | | 104 | ZIP CODE |
| | | 105 | |
| DATE MAP DRAWN () - | MAP # | FACILITY ID # | 1 |

| | | | | | | | | | | | |
|----|---|---|---|---|---|---|---|---|---|---|---|
| | A | B | C | D | E | F | G | H | I | J | |
| 1 | | | | | | | | | | | <p>For Site Map</p> <ul style="list-style-type: none"> • Scale of Map • Loading Areas • Parking Lots • Internal Roads • Storm and Sewer Drains • Adjacent Property Use • Locations and Names of Adjacent Streets and Alleys • Access and Egress Points and Roads • Primary and Alternate Evacuation Routes |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | <p>For Sub-Site Map</p> <ul style="list-style-type: none"> • Scale of Map • Location of Each Storage Area • Location of Each Hazardous Material Handling Area • Location of Emergency Response Equipment <p>Scale: 1" = _____ Ft.</p> <div style="text-align: center;">  North </div> <div style="text-align: center;">  Y X </div> |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |

STANDARD SITE MAP SYMBOLS

-  BUILDING ACCESS.....
- FENCE.....
- SAFE REFUGE AREA (EVACUATION).....*
- SEWER DRAIN.....Σ
- STORM DRAIN.....|
- FIRE HYDRANT.....
- COMBINED STANDPIPE
SPRINKLER CONNECTION.....CS/SP
- COMBINATION STANDPIPE CONNECTION.....CS
- DRY STANDPIPE CONNECTION.....DS
- DRY STANDPIPE OUTLET.....DP
- WET STANDPIPE OUTLET.....WP
- SPRINKLER CONNECTION.....
 - 5000 Gal
 - 500 Gal
- STAIRWAY --RANGE OF FLOORS (I.E. 1 THRU ROOF).....
- UST -- AST --
- ELEVATOR -- RANGE OF FLOORS (I.E. 1 THRU 5).....I
- KNOX BOX (F.D. KEY BOX).....
- FIRE ALARM ANNUNCIATOR PANEL.....
- ELECTRIC MAIN SHUTOFF.....
- GAS MAIN SHUTOFF.....
- WATER MAIN SHUTOFF.....

HAZARDOUS MATERIALS MAP SYMBOLS

- FL FS
- CL CS
- OL OS
- UL US
- WA A
- TS TS
- RL RS
- GI
- GC
- GF
- GO
- GT
- GY

FLAMMABLE / COMBUSTIBLE LIQUIDS (L) & SOLIDS (S)

CORROSIVE LIQUIDS (L) & SOLIDS (S)

OXIDIZERS LIQUIDS (L) & SOLIDS (S)

ORGANIC PEROXIDES & UNSTABLE LIQUIDS (L) & SOLIDS (S)

WATER REACTIVE AIR REACTIVE

TOXIC / POISON LIQUIDS (L) & SOLIDS (S)

RADIOACTIVE LIQUIDS (L) & SOLIDS (S)

COMPRESSED GASES / LIQUIDS INERT (I), CORROSIVE (C), FLAMMABLE (F), TOXIC (T), POISON (P), OXIDIZING (O)