

PALOMAR ENERGY PROJECT

ATTACHMENT 56-1

PRELIMINARY DRAFT HMBP (COUNTY OF SAN DIEGO FORMAT)

PRELIMINARY DRAFT

HAZARDOUS MATERIALS BUSINESS PLAN

I. INVENTORY

ESTAB. NO.

TBD

Date

SEE ATTACHED INVENTORY FORM CODE TABLE FOR STORAGE CODES AND HAZARDOUS CATEGORIES.

ITEM

004 Sodium hydroxide

15 21

MAXIMUM AMT AT 1 TIME	TOTAL YEARLY AMOUNT	1 = POUNDS	2 = GALLONS	3 = TONS	4 = MILLILITERS	5 = MILLIGRAMS	6 = CUBIC FEET	UNITS	STORAGE	HAZARD CATEGORIES	106	CHECK IF APPROPRIATE	TOXIC GAS	MSDS	CAS NO.

MAXIMUM AMT AT 1 TIME	TOTAL YEARLY AMOUNT	1 = POUNDS	2 = GALLONS	3 = TONS	4 = MILLILITERS	5 = MILLIGRAMS	6 = CUBIC FEET	UNITS	STORAGE	HAZARD CATEGORIES	106	CHECK IF APPROPRIATE	TOXIC GAS	MSDS	CAS NO.
7500	TBD							2	AS3	04					

MAXIMUM AMT AT 1 TIME	TOTAL YEARLY AMOUNT	1 = POUNDS	2 = GALLONS	3 = TONS	4 = MILLILITERS	5 = MILLIGRAMS	6 = CUBIC FEET	UNITS	STORAGE	HAZARD CATEGORIES	106	CHECK IF APPROPRIATE	TOXIC GAS	MSDS	CAS NO.

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005 Sodium hypochlorite

15 21

MAXIMUM AMT AT 1 TIME	TOTAL YEARLY AMOUNT	1 = POUNDS	2 = GALLONS	3 = TONS	4 = MILLILITERS	5 = MILLIGRAMS	6 = CUBIC FEET	UNITS	STORAGE	HAZARD CATEGORIES	106	CHECK IF APPROPRIATE	TOXIC GAS	MSDS	CAS NO.

MAXIMUM AMT AT 1 TIME	TOTAL YEARLY AMOUNT	1 = POUNDS	2 = GALLONS	3 = TONS	4 = MILLILITERS	5 = MILLIGRAMS	6 = CUBIC FEET	UNITS	STORAGE	HAZARD CATEGORIES	106	CHECK IF APPROPRIATE	TOXIC GAS	MSDS	CAS NO.
2500	TBD							2	AN2	04					

006 Cyclohexylamine

15 21

MAXIMUM AMT AT 1 TIME	TOTAL YEARLY AMOUNT	1 = POUNDS	2 = GALLONS	3 = TONS	4 = MILLILITERS	5 = MILLIGRAMS	6 = CUBIC FEET	UNITS	STORAGE	HAZARD CATEGORIES	106	CHECK IF APPROPRIATE	TOXIC GAS	MSDS	CAS NO.

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250	TBD							6	AN1	04					

PRELIMINARY DRAFT

H# _____

IV. GENERAL INFORMATION

DATE: _____

EMERGENCY EQUIPMENT

INSTRUCTIONS: In the blank form provided, describe the safety, spill response, communication and structural containment equipment you have in place at your facility for use in emergency situations. If practical, report the equipment according to individual job, shop or work activity area within our facility. If applicable, include the elements listed in the legend.

PERSONNEL PROTECTIVE & SAFETY EQUIPMENT	EMERGENCY RESPONSE SPILL EQUIPMENT	COMMUNICATIONS EQUIPMENT	STRUCTURAL EQUIPMENT	INSPECTION FREQUENCY
Aprons Gloves Coats Chemical Suits Boots Safety Glasses Faceshield Hard Hats	Fire Extinguishers (Type A, B, C, D) Fire Hoses Eye Wash, Safety Showers Chemical Monitoring Equipment (Type) Chemical Alarms - Bells, etc. Chemical Spill Equipment - Absorbents, Neutralizers, Sand, Leak Repair Kits (Chlorine), Underground Tank Leak Detection Monitors	Telephones Intercoms Portable Radio(s) Verbal	Structural Equipment Burms & Dikes Tanks (Emergency) Over Pack Drum(s) Containment Vaults Blind Sumps	Cartridge Respirators Self-Contained Breathing Apparatus (SCBA) First Aid Kits Exhaust Hoods First Aid Stations Chemical Antidotes

LOCATION SHOP OR AREA	PERSONNEL PROTECTIVE & SAFETY EQUIPMENT	EMERGENCY RESPONSE SPILL EQUIPMENT	COMMUNICATIONS EQUIPMENT	STRUCTURAL EQUIPMENT	INSPECTION FREQUENCY
TBD	TBD	TBD	TBD	TBD	TBD

EXAMPLE

LOCATION SHOP OR AREA	PERSONNEL PROTECTIVE & SAFETY EQUIPMENT	EMERGENCY RESPONSE SPILL EQUIPMENT	COMMUNICATIONS EQUIPMENT	STRUCTURAL EQUIPMENT	INSPECTION FREQUENCY
PAINT SHOP	CARTRIDGE RESPIRATORS, SHOP COATS, GLOVES, EXHAUST HOOD	FIRE EXTINGUISHER SAND	TELEPHONE - VERBAL	NONE	MONTHLY (Safety Equipment)

PRELIMINARY DRAFT

IV. GENERAL INFORMATION

EMERGENCY NOTIFICATION PHONE ROSTER

EMERGENCY (TYPE)	ORGANIZATION	PHONE*	REPORTING REQUIREMENTS	REQUIRED NOTIFICATION PERIOD
Injury (any)	(Hospital) <u>Palomar Medical Center</u> (Nearest hospital capable of handling fire and/or chemical emergency) (Paramedics and/or Ambulance Service) <u>TBD</u>	911* 911*	1. Name and telephone of reporter.	Immediately or within 24 hours.
Poisoning	Poison Control OSHA (Occupational Safety & Health)	(619) 543-6000* (619) 637-5534	2. Name and address of facility.	Immediately or within 24 hours.
Occupational Accident or Exposure (Notification)	OSHA (Occupational Safety & Health)	(619) 637-5534	2. Name and address of facility.	Immediately or within 24 hours.
Fire/Explosion	(Fire) <u>Escondido Fire Department</u> (Name of your local Fire District) (Police/Sheriff) <u>Escondido Police Department</u> (Name of local Fire/Police Agency)	911* 911* 911*	3. Time and type of incident (fire, chemical, etc.). 4. Name and quantity of material(s) included to the extent known.	Agencies may request a follow-up report in writing.
Hazardous Material Spill/Release Outside Facility	*(Fire) <u>Escondido Fire Department</u> +San Diego County Hazardous Materials Division (1) +California Office of Emergency Services +National Response Center (U.S. Coast Guard) - (Notify only if required by California OES)	(800) 852-7550* (800) 424-8802	5. The extent of injuries if any.	Consult each agency for their reporting requirements.
In addition to above if spill reaches:	San Diego Regional Water Quality Control Board	(619) 467-2952	6. Possible hazards to human health or the environment, outside the facility.	
Storm Drain/Creeks River/Bays	(Sewer District) <u>City of Escondido</u> (Name of Sewer District Serving your Facility)	TBD (Phone)		
Sanitary Sewer	San Diego Air Pollution Control District	(619) 694-3307		
Gaseous Release into Atmosphere	(Fire) <u>Escondido Fire Department</u> (Emergency)	911*		
Underground Storage Tank Leak/Spill	San Diego County Hazardous Materials Division San Diego Regional Water Quality Control Board	(619) 338-2222 (619) 467-2952		
ADDITIONAL RESPONSE RESOURCES				
Spill Cleanup (Contractor)	(Company Name) <u>TBD</u> (Company of your choosing)	TBD	Check with contractor for his requirements.	As soon as possible
Water District	(Utility Name) <u>Rincon del Diablo Muni. Water</u>	TBD	1, 2, and 3 above.	or
Electrical/Gas Utility	San Diego Gas & Electric (SDGE)	(619) 234-6242*	1, 2, and 3 above	As situation requires
Chemical - Emergency Information	Chemtrec Chlorprep Pesticide Safety Team	(800) 424-9300	-----	

* Denotes 24-hour Number + Required notification if hazardous materials emergency extends outside of the facility or requires an evacuation of public areas. (1) After business hours use 911 to contact the County Environmental Health Department in case of emergency only.

PRELIMINARY DRAFT

DATE --

TBD

Submit to HMD
HE58

(OFFICE USE ONLY)
FACER NUMBER

HAZARDOUS MATERIALS BUSINESS PLAN
II. EMERGENCY RESPONSE PLAN

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EMERGENCY COORDINATOR INFORMATION

PLEASE LIST THE NAME, TITLE/POSITION AND PHONE NUMBERS (OFFICE AND HOME/24-HR) OF THE EMERGENCY COORDINATOR AND ALTERNATES WHO ARE QUALIFIED AND AUTHORIZED TO ASSIST EMERGENCY RESPONSE PERSONNEL (FOR EXAMPLE, FIRE PERSONNEL) IN THE EVENT OF AN EMERGENCY.

ITEM	NAME OF EMERGENCY COORDINATOR
15	21

TITLE	WORK PHONE	HOME/24-HR PHONE
51	71	78

NUMBER	STREET	CITY
88	93	110

ITEM	NAME OF ALTERNATE
15	21

TITLE	WORK PHONE	HOME/24-HR PHONE
51	71	78

NUMBER	STREET	CITY
88	93	110

ITEM	NAME OF ALTERNATE
15	21

TITLE	WORK PHONE	HOME/24-HR PHONE
51	71	78

NUMBER	STREET	CITY
88	93	110

THOMAS BROS COORDINATES 1129, E3 SITE MAP (Page -- of --)

BUSINESS NAME Palomar Energy Project DATE --
BUSINESS ADDRESS Escondido, San Diego County ZIP CODE --

H# TBD

OFFICE USE ONLY	
REVIEWED BY:	_____
DATE:	_____



NOT FOR PUBLIC DISCUSSION
TBD

DISCUSSION

HAZARDOUS MATERIALS BUSINESS PLAN

OFFICE USE ONLY
REVIEWED BY: _____
DATE: _____

Date _____ II. EMERGENCY RESPONSE PLAN

H# _____ TBD

Dunn and Bradstreet # _____ TBD

1. Business Name _____ Palomar Energy Project

2. Business Site Address _____ Escondido, San Diego County

3. Business Telephone _____ TBD 24-Hour _____ TBD

4. Brief description of product manufactured and/or service provided _____ TBD

5. Evacuation Procedures: _____ TBD

6. Notification Procedures:

In the event of a release or threatened release of a hazardous material the following agencies are to be notified.

- | | |
|---------------------------------------|------------------------------------|
| A. Local Emergency Response Agencies | <u>Phone #</u>
911 |
| B. Hazardous Materials Division | 338-2222 (911 after working hours) |
| C. State Office of Emergency Services | (800) 852-7550
(916) 427-4341 |

Name of person(s) responsible for completing notifications _____ TBD

Describe notification procedures: _____ TBD

7. Emergency Procedures: _____ TBD

