FIRE PERMIT APPLICATION/EMERGENCY INFORMATION FORM

This form is for the identification of appropriate permits associated with your business and emergency contact information. Please fill out this form completely and fax or mail it back to Fire Administration from the contact information provided at the bottom of this form. Please call Fire Administration if you have any questions. As this application is only for operational fire permits, any construction related permit needs Building Department approval.

GENERAL BUSINESS INFORMATION		
Business Name:	Nature of Business:	
Business Address:		
City:	State:	Zip:
Contact Person:	Phone:	
Contact Email:		
Billing Address (if Different from Above):		
City:	State:	Zip:
Billing Contact:	Phone:	
Billing Email:		
REASON FOR SUBMITTING THIS APPLICATION		
☐ Update Contact Information	☐ Original Application	☐ Add Operation/Process
EMERGENCY INFORMATION		
Responsible Person #1:	24 hr Phone:	
Responsible Person #2:	24 hr Phone:	
Property Manager:	24 hr Phone:	
Alarm Type: ☐ Burglar Alarm	☐ Fire Alarm	
Alarm Company Name:	Alarm Company Phone:	
Interior of Building: ☐ Single Story	☐ Multi-Level	
Business Hours:	24 hr Security: ☐ Yes	☐ No
Knox Box: ☐ Yes ☐ No	Location:	
Are there fenced enclosures: ☐ Yes ☐ No	Is there a guard dog: ☐ Yes	☐ No

TYPE OF PERMIT APPLYING FOR (FOR THE STORAGE OR USE OF ANY ITEM LISTED BELOW)

☐ Aerosol Products	☐ Combustible Dust-Producing Operation
☐ Compressed Gas	☐ Cryogenic Liquids
☐ Dry Cleaning Plant	☐ Electric Fence
☐ Explosives	☐ Flammable/Combustible Liquids
☐ Fruit and Crop Ripening	☐ Hazardous Materials
☐ High-Piled Storage	☐ Hot Work Operations
☐ Industrial Ovens	☐ Lumber Yard and Woodworking Plant
☐ LP Gas	☐ Pallets
☐ Places of Assembly	☐ Pyrotechnics
☐ R-1/R-2 Occupancy (3-10 units) ☐ (10+ units)	☐ Refrigeration Equipment
☐ Repair Garage	☐ Spraying or Dipping
☐ Stationary Storage Battery System	☐ Tires
☐ Radioactive Materials	☐ Other: ____

By signing below, applicant agrees to indemnify, protect, defend (with legal counsel acceptable to City) and hold City, its officers, representatives, officials, employees, agents, and elective and appointive boards, harmless from any and all claims, losses, damages (including property damage and damages related to personal injury and/or death), demands, costs (including reasonable attorney fees), and liability of any kind or nature directly or indirectly arising out of or as a result of any actions taken or omissions made by applicant or applicant's officers, representatives, officials, employees, agents related to or in connection with the permit that was issued in response to this application.

APPLICANT SIGNATURE _____ DATE _____

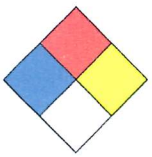
APPLICANT NAME _____

FOR OFFICIAL USE ONLY:			
DATE RECEIVED:	FIRE PERMIT # / FIRE OCCUPANCY #:	DISPATCH UPDATED BY:	REVIEWED BY:

2040 Lake Washington Blvd, W Sacramento, CA 95691 – Phone: (916) 617-4600 – Fax: (916) 371-5017
Email: wsfd@cityofwestsacramento.org

WEST SACRAMENTO FIRE DEPARTMENT

HAZARDOUS MATERIALS INVENTORY FORM



This form is used to quantify amounts and indentify hazards of the hazardous materials located at your facility. Please complete this form to its entirety for each hazardous material stored, used or dispensed at the facility. Additional forms will be needed for multiple hazardous materials. Additionally, any changes in quantities need to be disclosed to the Fire Department within 30 days of the change.

☐ ADDITION ☐ DELETION ☐ REVISION

FACILITY INFORMATION

BUSINESS NAME:	BUSINESS LICENSE#
FACILITY ADDRESS:	CHEMICAL LOCATION:

CHEMICAL INFORMATION

CHEMICAL NAME	TRADE SECRET: ☐ Yes ☐ No
COMMON NAME:	CAS#

NFPA 704 HAZARD CLASSES (0-4):

HEALTH (blue): FIRE (red): INSTABILITY (yellow): SPECIAL (white):

PHYSICAL STATE: ☐ SOLID ☐ LIQUID ☐ GAS	DAYS ON SITE (per month):

FEDERAL HAZARD CATEGORIES (check all that apply):

☐ FIRE ☐ REACTIVE ☐ PRESSURE RELEASE ☐ ACUTE HEALTH ☐ CHRONIC HEALTH

UNITS: ☐ GALLONS ☐ CUBIC FEET ☐ POUNDS	LARGEST CONTAINER:
AVERAGE DAILY AMOUNT:	MAXIMUM DAILY AMOUNT:

STORAGE CONTAINER TYPE AND QUANTITY (check all that apply):

☐ ABOVE GROUND TANK	QTY:	☐ CAN	QTY:	☐ BOX	QTY:
☐ PLASTIC DRUM	QTY:	☐ BAG	QTY:	☐ TOTE BIN	QTY:
☐ FIBER DRUM	QTY:	☐ PLASTIC BOTTLE	QTY:	☐ STEEL DRUM	QTY:
☐ GLASS BOTTLE	QTY:	☐ CARDBOARD DRUM	QTY:	☐ SILO	QTY:
☐ RAIL CAR	QTY:	☐ TANK INSIDE BUILDING	QTY:	☐ CYLINDER	QTY:
☐ UNDERGROUND TANK	QTY:	☐ CARBOY	QTY:	☐ TANK WAGON	QTY:

STORAGE PRESSURE: ☐ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT

STORAGE TEMPERATURE: ☐ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT ☐ CRYOGENIC

	%WT	HAZARDOUS COMPONENTS	CAS#
1			
2			
3			
4			
5			

ADDITIONAL INFORMATION

West Sacramento Fire Department – 2040 Lake Washington Blvd – W. Sacramento – CA – 95691
Ph: (916) 617-4600 – Fax: (916) 371-5017 – wsfd@cityofwestsacramento.org

WEST SACRAMENTO FIRE DEPARTMENT HAZARDOUS MATERIALS MANAGEMENT PLAN

FACILITY IDENTIFICATION / OPERATIONS OVERVIEW

1	BUSINESS NAME	BUSINESS LICENSE #	DATE
2	BUSINESS ADDRESS		
3	Check elements covered by this consolidated plan: Hazardous Materials ☐ Hazardous Waste ☐ Storage Tanks/Containers ☐		
4	TYPE OF BUSINESS (e.g. painting contractor)	INCIDENTAL OPERATIONS (e.g. fleet maintenance)	
5	HAZARDS / EVENTS COVERED BY PLAN (e.g. chemical spills, fire, earthquake, etc)		

EMERGENCY COORDINATOR & ON-SITE TECH ADVISORS / INTERNAL RESPONSE

6 **Identify your Emergency Coordinator & On-site Technical Advisors:**

7	**Emergency Coordinator:** **Must have the authority to classify the release, make management decisions, & determine appropriate response** Person is: ☐ on-site or ☐ on-call	Name / Position:		
		Address:		
		Phone #	Day:	After hours:
		Responsible for: (Check all that apply)	spill prevention ☐	contacting facility responders ☐
			emergency assessment / management ☐	authorizing spill response work ☐
			initiating alarms ☐	interfacing with public emergency responders ☐
			agency notification ☐	other: ☐

8	**Alternate Emergency Coordinators:** (List In order of responsibility)		Alternate # 1	Alternate # 2
		Name / Position:		
		Address:		
		City:		
		Zip:		
		Day phone:		
		After hours phone:		
		Person is:	☐ on-site or ☐ on-call	☐ on-site or ☐ on-call

9	**On-Site Technical Advisors** (Available to provide site-specific technical advice to off-site emergency responders)	Owner:	Supervisor:
		Manager:	Other:

10 **Identify type of internal response:**

11	Options: (Check one or more)	☐ **Internal facility response team** (Attach additional pages if needed: indicate an attachment by checking this box ☐)	Team Members (name or position): 1.	Responsibilities:
			2.	
			3.	
			4.	
12		☐ **Contractor**	Name:	Describe role / responsibilities:
			Address:	
			Phone #:	
13		☐ **Call public emergency responders / 911**		

FACILITY IDENTIFICATION

14	BUSINESS NAME	BUSINESS LICENSE #	DATE

EMERGENCY COMMUNICATIONS / PHONE NUMBERS / NOTIFICATIONS

15 **Internal & External Emergency Communications**

16	**Individual responsible for on-site and off-site emergency alarm notifications / communications:**	Name / Position:	
17	**INTERNAL facility emergency communications or alarm notification will occur via:**	Check all that apply:	
		☐ verbal warnings	☐ public address or intercom system
		☐ telephone	☐ pagers
		☐ alarm system	☐ portable radio
18	**EXTERNAL notifications / communications to neighboring facilities that may be affected by an off-site release will occur by:**	Check all that apply:	
		☐ verbal warnings	☐ public address or intercom system
		☐ telephone	☐ pagers
		☐ alarm system	☐ portable radio

19 **Emergency Phone Numbers / Notification Lists**

20	**Emergency response phone numbers**	Ambulance, Fire, Sheriff & CHP	911
		Yolo County Hazardous Materials Division	530-666-8646 (8 am – 5 pm) Same (24 hour number)
		Poison Control Center	800-876-4766
21	**Nearest medical facility / hospital**	Name:	Phone #:
22	**Your medical facility / hospital**	Name:	Phone #:
23	**Agency Notification Phone List**	CA Dept of Toxic Substances Control	916-324-1824
		CA Office of Emergency Services	800-852-7550
		CA Water Quality Control Board, Central Valley Region	916-255-3000
		US Environmental Protection Agency (US EPA)	415-744-1500
		National Response Center	800-424-8802
		CA Dept of Fish & Game	916-445-0045
		US Coast Guard (spill response)	510-437-3073
		Cal OSHA	916-263-2800
		State Fire Marshal	916-445-8200
24	**Other Important Numbers**		

26 **Neighbor Notification List**

27 List all businesses / structures bordering &/or adjacent to your facility:

28	At facility's **northern** border:	Business name:	At facility's **southern** border:	Business name:
		Address:		Address:
		Phone #:		Phone #:
		Contact name / position:		Contact name / position:
29	At facility's **eastern** border:	Business name:	At facility's **western** border:	Business name:
		Address:		Address:
		Phone #:		Phone #:
30		Contact name / position:		Contact name / position:

FACILITY IDENTIFICATION

31	BUSINESS NAME	BUSINESS LICENSE #	DATE

EMERGENCY CONTAINMENT & CLEAN-UP PROCEDURES

32

Containment, Prevention & Clean-Up

33

Indicate your procedures for: 1. Containing spills, releases, fires or explosions, & 2. Preventing and mitigating associated harm to persons, property & the environment:	Check all that apply:	
	☐ provide structural physical barrier (e.g. portable spill containment walls)	☐ monitor for leaks, ruptures, pressure build-up, etc
	☐ provide absorbent physical barrier	☐ cover or block floor &/ or storm drains
	☐ built-in berm in work / storage area	☐ automatic fire suppression system
	☐ stop processes &/or operations	☐ automatic / electronic equipment shut-off system
	☐ shut-off water, gas, electrical utilities as appropriate	☐ call 911 for public emergency responder assistance / medical aid
	☐ provide protective equipment for on-site response team	☐ eliminate sources of ignition for flammable hazards (e.g. fuel, propane)
	☐ notify & evacuate persons in all threatened areas	☐ remove or isolate containers / area as appropriate
	☐ account for evacuated persons immediately after evacuation call	
	☐ other (specify):	

34

Indicate your clean-up procedures:	Check all that apply:
	☐ hire licensed hazardous waste contractor
	☐ use absorbent material for spills with subsequent proper labeling, storage and hazardous waste disposal as appropriate
	☐ suction using shop vacuum with subsequent proper labeling, storage and hazardous waste disposal as appropriate
	☐ wash / decontaminate equipment w/ containment & disposal of effluent / rinsate as hazardous waste
	☐ provide safe temporary storage of emergency-generated wastes
	☐ other (specify):

35

Evacuation Coordinator & Assembly Area

36

Provide name / position of evacuation coordinator who will account for all on-site employees and / or site visitors after evacuation:	Name:
37 Identify / describe emergency assembly area for evacuees:	Specify:
Identify the location where your evacuation route / map is posted:	Specify:
Other facility evacuation procedures:	Specify:

FACILITY IDENTIFICATION

38	BUSINESS NAME	BUSINESS LICENSE #	DATE

EMERGENCY EQUIPMENT

39 **List of available emergency equipment**
(Check all that apply)

40	Use Category	Equipment Available	Location	Capability (as applicable)
41		Example: ▪ portable fire extinguishers ▪ chemical protective gloves	center of each wall in shop spill response kit	rated as "C" one-time use; oil & solvent resistant only
42	Safety & First Aid Equipment	☐ chemical protective suits, aprons or vests		
		☐ chemical protective gloves		
		☐ chemical protective boots		
		☐ safety glasses / goggles / shields		
		☐ hard hats		
		☐ cartridge respirator		
		☐ self-contained breathing apparatus		
		☐ first aid kits / stations		
		☐ plumbed eyewash fountain / shower		
		☐ portable eyewash kits		
		☐ other:		
43	Fire Extinguishing Equipment	☐ portable fire extinguishers		
		☐ fixed fire systems / sprinklers / fire hoses		
		☐ fire alarm boxes or stations		
		☐ other:		
44	Spill Control & Clean-Up Equipment	☐ absorbent material		
		☐ container for used absorbent		
		☐ berming / diking equipment		
		☐ broom		
		☐ shovel		
		☐ shop vac		
		☐ exhaust hood		
		☐ emergency sump / holding tank		
		☐ chemical neutralizers		
		☐ gas cylinder leak repair kits		
		☐ spill overpack drums		
		☐ other:		
45	Communications & Alarm System Equipment	☐ telephones (includes cellular)		
		☐ intercom / PA system		
		☐ portable radios		
		☐ automatic alarm chemical monitoring equipment		
		☐ UST monitoring system operations manual		
		☐ list of notification phone numbers		
		☐ other:		

FACILITY IDENTIFICATION

46	BUSINESS NAME	BUSINESS LICENSE #	DATE

EARTHQUAKE VULNERABILITY

47 **Areas of earthquake vulnerability**

48	Identify areas of facility vulnerable to releases / spills due to earthquake related motion: (Require immediate isolation and inspection)	Check all that apply:	Location (e.g. shop, outdoor shed, forensic lab):
		☐ hazardous materials / waste storage area	
		☐ process lines / piping	
		☐ laboratory	
		☐ waste treatment area	
49	Identify mechanical systems vulnerable to releases / spills due to earthquake related motion: (Require immediate isolation and inspection)	Check all that apply:	Affected locations:
		☐ shelves, cabinets & racks	
		☐ tanks (emergency shutoff)	
		☐ portable gas cylinders	
		☐ emergency shutoff &/or utility valves	
		☐ sprinkler systems	
		☐ stationery pressurized containers (e.g. tank for dispensing propane)	

ARRANGEMENTS FOR EMERGENCY SERVICES

50	Explanation of Requirement	Advance arrangements with local fire & police departments, hospitals and /or contractors for emergency services should be made as appropriate for your facility; you may determine that advance arrangements are not necessary for your facility.
51	Describe any advance arrangements made for local emergency services:	☐ Determined not necessary
		☐ Specify:

EMPLOYEE TRAINING CONTENT & FORMAT

52 **Employee Training Content & Format**

53	Explanation of Requirement	Employee training is required for all employees handling hazardous materials / hazardous wastes in day-to-day or clean-up operations including volunteers &/or contractors. Required content for employee training includes all of the following:
54		◦ Material Safety Data Sheets ◦ hazard communication related to health & safety ◦ methods for safe handling of hazardous substances ◦ fire hazards of materials / processes ◦ conditions likely to worsen emergencies ◦ coordination of emergency response ◦ notification procedures ◦ applicable laws & regulations ◦ communication & alarm systems ◦ personal protective equipment ◦ use of emergency response equipment (e.g. fire extinguishers, respirators, etc) ◦ decontamination procedures ◦ evacuation procedures ◦ control & containment procedures ◦ UST monitoring system equipment & procedures (if applicable)
55	Indicate how employee training program (with required content) is administered:	Check all that apply: ☐ Formal classroom ☐ Video(s) (specify): ☐ Safety / tail-gate meetings ☐ Other (specify): ☐ Study Guides / Manuals (specify):

FACILITY IDENTIFICATION

56	BUSINESS NAME	BUSINESS LICENSE #	DATE

EMPLOYEE TRAINING FREQUENCY & DOCUMENTATION

57	**Required Frequency of Training**	
58	Explanation of Requirement	Employee training must be: • provided within 6 months for new hires, • amended as necessary prior to change in process or work assignment, • given upon modification to emergency response / contingency plan, and • updated / refreshed annually for ALL employees.
59	Certify that the facility's employee training program meets minimum frequency requirements:	☐ Employee training is provided, at a minimum, as described above.
60	**Record of Training**	
61	Explanation of Requirement	Written documentation of employee training sessions must be kept which include: • training outline / agenda • date of training session • employee names & job titles • brief job description for hazardous waste generator facilities
62	Certify that the facility's training documentation meets minimum record keeping requirements:	☐ Employee training documentation is provided, at a minimum, as described above.
63	Training program description or outline attached:	☐ Employee training program outline is attached. ☐ Employee training program is described here:

LIST OF ATTACHMENTS

64	List all attachments to this document here:

SIGNATURE / CERTIFICATION

65	Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete and that a copy is available on-site.	
	Signature	Date of completion
	Print Name	Title / Position

WEST SACRAMENTO FIRE DEPARTMENT HAZARDOUS MATERIALS MANAGEMENT PLAN

FACILITY IDENTIFICATION

66	BUSINESS NAME	BUSINESS LICENSE #	DATE

SITE MAP

Detail the Following Items:

- 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
- Storage Areas
- Hazardous Material Handling Areas
- Emergency Response Equipment
- Fire Extinguishers
- Fire Control Room or Fire Riser
- Knox Box
- Utility Shut-Offs

	A	B	C	D	E	F	G	H	I	J
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