BUSINESS EMERGENCY PLAN

Please read instructions prior to completing this Business Emergency Plan (BEP).

This form shall be typed or printed legibly in black ink.

Keep a copy for your records and return the completed original forms to:

Hazardous Materials Disclosure Office
Orange City Fire Prevention
176 S. Grand St.
Orange, CA 92866

Put a check mark next to the choice that applies to your business:

- ☐ This is the first time I have filed a BEP.
- ☐ A BEP is required to be filed every three years. I am submitting my BEP to meet this requirement.
- ☐ There have been changes in my business operation and/or personnel and I am submitting a new BEP with the corrected information.

Business Name
Address
Business Owner
I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate and complete.

Print name of Owner/Operator	Signature	Date
Business Plan Prepared By	Signature	Date

OFFICIAL USE ONLY: Insp. #	Issued	Reviewed by
Received		

Hazardous Materials Disclosure/Business Emergency Plan

1. Your business is required by State Law to provide immediate notification of any release or threatened release of a hazardous material to 1) Local fire emergency response personnel, 2) the Office of Emergency Services (OES), and 3) this Administering Agency. If you have a release or threatened release of hazardous materials, immediately call:

Fire/Paramedics/Police/Sheriff
Phone: 911

Individual Responsible for Calling 911:

After the local emergency response personnel are notified, you shall then notify the Administering Agency (HMDO) and the Office of Emergency Services (24 hours/day):

State Office of Emergency Services:	**(800) 852-7550** **Or** **(916) 845-8911**
Local Administering Agency:	**(714) 288-2573**

Individual Responsible for Calling This Administering Agency and the State OES:

2. 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 materials.

Hospital/Clinic			
Address	City	Zip Code	Phone Number ( ) -

3. Does your business have a private on-site emergency response team? O Yes O No

   If yes, describe 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. (Attach additional pages if necessary.)

State law requires your business to complete all sections of the Emergency Response Procedure listed below. "N/A" is not acceptable.

Emergency Plans and Procedures

4. Briefly describe your business's standard operating procedures in the event of a release or threatened release of hazardous materials:
   a. Prevention (prevent the hazard) – Describe the kinds of hazards associated with the materials present at your facility. What actions will your business take to prevent these hazards from occurring? Issues for discussion may include safety, storage, and containment procedures.

   b. 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 spill, fire, explosion, or airborne release at your business?

   c. 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? What aspects of the response are beyond your ability, and need to be handled by others?

d. Describe how you will immediately notify and evacuate your facility. What communications or alarms are used? How will you operate these during power failure? Also specify emergency exits, alternatives and staging areas.

e. Your business is required by State Law to keep a copy of this Business Plan, including the chemical inventory and Site Map. Describe where copies will be located at your business. Where will other copies be maintained?

f. Describe where you keep other records required by this plan, such as employee training records (including drills), release report records, persons responsible for maintenance/safety and their records, and emergency phone lists.

Employee Training Program

1. Describe the training your business conducts for all employees in safety procedures in the event of a release or threatened release of hazardous materials. By law, this training shall include, but not be limited to, the following: new employee training, annual training, periodic refresher courses, and familiarization with Section 4 (Emergency Plans and Procedures) of this Business Emergency Plan.

Hazardous Materials Disclosure/Business Emergency Plan

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Business Name		Date
Address	City **Orange**	Zip

Site Map page _____ of _____
(page number you assign is to be entered on chemical inventory sheet)