



San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE (909) 386-8401 FAX (909) 386-8460 www.sbcfire.org

Basic RMP Work Plan

Stationary Source Contact Information

Name of Stationary Source: _____

Address of Stationary Source: _____

Name of RMP Contact: _____

Mailing Address: _____

Phone #: _____ Fax #: _____

e-mail: _____

Consultant Contact Information (if applicable)

Company Name: _____

Name of Project Coordinator: _____

Address: _____

Phone #: _____ Fax #: _____

e-mail: _____

Process Information

RMP Program Level: 1 2 3 (circle) 4 digit SIC Code: _____

Process subject to PSM? Y N (circle) Process Installation date: _____

RMP Technical Studies

Type of Hazard Evaluation: _____

Original Date(s): _____ Date Recertified: _____

Date of Seismic Walkthru: _____

Methods for Air Dispersion Modeling

_____ Manual Calculations _____ Computerized Air Model: _____ (specify)

In a separate building? Y N (circle) Other Passive Mitigation _____ (specify)

Signature of RMP Contact: _____

Prepared by: _____ Date: _____