



CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)  
San Bernardino County Fire Department • Hazardous Materials Division  
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[www.sbctfire.org](http://www.sbctfire.org)

**CALIFORNIA ACCIDENTAL RELEASE PREVENTION PROGRAM (CALARP)  
CALARP – STATIONARY SOURCE REGISTRATION FORM**

Date: \_\_\_\_\_

**1. REGISTRATION INFORMATION:**

**Stationary Source Name and Address:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EPA Facility Identifier (if applicable):**

\_\_\_\_\_

**Dun and Bradstreet Numbers (if available):**

Stationary Source: \_\_\_\_\_

Parent Company: \_\_\_\_\_

**Stationary Source Latitude and Longitude:**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method used to obtain latitude/longitude: \_\_\_\_\_

Description of latitude/longitude location: \_\_\_\_\_

**Owner or Operator Information/Mailing Address:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Name/Title of Person or Position Responsible for the RMP Implementation:**

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

24-Hour Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Number of Full Time Employees on Site:**

\_\_\_\_\_

**Stationary Source Subject to: (Please circle Yes or No)**

OSHA PSM: Yes or No

EPCRA 302: Yes or No

CAA Title IV: Yes or No

If yes, operating permit number: \_\_\_\_\_

**Date of Last Safety Inspection Conducted by an Outside Agency:**

\_\_\_\_\_

**Name of Inspecting Agency:**

\_\_\_\_\_

**Contractor who prepared the RMP (if any):**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**2. PROCESS(ES):**

Process ID: \_\_\_\_\_ Program Level: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Chemical ID: \_\_\_\_\_ CAS Number: \_\_\_\_\_ Max. Qty (Lbs.): \_\_\_\_\_

.....

Process ID: \_\_\_\_\_ Program Level: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Chemical ID: \_\_\_\_\_ CAS Number: \_\_\_\_\_ Max. Qty (Lbs.): \_\_\_\_\_

.....

Process ID: \_\_\_\_\_ Program Level: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Chemical ID: \_\_\_\_\_ CAS Number: \_\_\_\_\_ Max. Qty (Lbs.): \_\_\_\_\_

.....

Process ID: \_\_\_\_\_ Program Level: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Chemical ID: \_\_\_\_\_ CAS Number: \_\_\_\_\_ Max. Qty (Lbs.): \_\_\_\_\_

.....

**3. WORST CASE SCENARIO:**

Chemical Name: \_\_\_\_\_

Percent Weight (if mixture): \_\_\_\_\_

Physical State: \_\_\_\_\_

Model Used: \_\_\_\_\_

Scenario: \_\_\_\_\_

Quantity Released (Lbs): \_\_\_\_\_

Release Rate (Lbs/Min): \_\_\_\_\_

Release Duration (Mins): \_\_\_\_\_

Wind Speed (m/sec): \_\_\_\_\_

Atmospheric Stability Class: \_\_\_\_\_

Topography: \_\_\_\_\_

Distance to Endpoint (mi): \_\_\_\_\_

Passive Mitigation (Yes/No): \_\_\_\_\_

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Estimated Population to Endpoint: \_\_\_\_\_

Public Receptors (Please circle Yes or No):

School: Yes or No

Residences: Yes or No

Hospitals: Yes or No

Prisons/Corrections: Yes or No

Recreation Areas: Yes or No

Commercial/Office/Industrial areas: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

4. **ALTERNATIVE RELEASE SCENARIO:**

Chemical Name: \_\_\_\_\_

Percent Weight (if mixture): \_\_\_\_\_

Physical State: \_\_\_\_\_

Model Used: \_\_\_\_\_

Scenario: \_\_\_\_\_

Quantity Released (Lbs): \_\_\_\_\_

Release Rate (Lbs/Min): \_\_\_\_\_

Release Duration (Mins): \_\_\_\_\_

Wind Speed (m/sec): \_\_\_\_\_

Atmospheric Stability Class: \_\_\_\_\_

Topography: \_\_\_\_\_

Distance to Endpoint (mi): \_\_\_\_\_

Estimated Population to Endpoint: \_\_\_\_\_

Public Receptors (Please circle Yes or No)

Schools: Yes or No

Residences: Yes or No

Hospitals: Yes or No

Prisons/Corrections: Yes or No

Recreation Areas: Yes or No

Commercial/Office/Industrial Areas: Yes or No

Other: Yes or No

**IF PROG. LEVEL 1 & NO ACCIDENTS – GO TO EMERGENCY RESPONSE (Item 7)**

5. **ACCIDENT HISTORY (Describe):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **PREVENTION PROGRAM:**

**Program 3 (only):**

Process ID/Chemical Name: \_\_\_\_\_

Date on which the safety information was last reviewed or revised: \_\_\_\_\_

Process Hazard Analysis (PHA): \_\_\_\_\_

Date of last PHA or PHA update: \_\_\_\_\_

The technique used (Please circle Yes or No):

What if: Yes or No

Checklist: Yes or No

What if/Checklist: Yes or No

HAZOP: Yes or No

Failure mode and effects analysis: Yes or No

Fault tree analysis: Yes or No

Other: Yes or No

Expected or actual date of completion of all changes from last PHA or PHA update: \_\_\_\_\_

Major hazards identified: Yes or No

Toxic release: Yes or No

Fire: Yes or No

Explosion: Yes or No

Runaway reaction: Yes or No

Polymerization: Yes or No

Over pressurization: Yes or No

Corrosion: Yes or No

Overfilling: Yes or No

Contamination: Yes or No

Equipment failure: Yes or No

Loss of cooling, heating, electricity, instrument air: Yes or No

Earthquake: Yes or No

Floods (flood plain): Yes or No

Tornado: Yes or No

Hurricane: Yes or No

Other: \_\_\_\_\_

Monitoring/Detection systems in use: (Please circle Yes or No)

Process area detectors: Yes or No

Perimeter monitors: Yes or No

Changes since last PHA or PHA update Yes or No

Reduction in chemical inventory: Yes or No

Increase in chemical inventory: Yes or No

Change process parameters: Yes or No

Installation of process controls: Yes or No

Installation of process detection systems: Yes or No

Installation of perimeter monitoring system: Yes or No

Installation of mitigation systems: Yes or No

None recommended: \_\_\_\_\_

None: \_\_\_\_\_

Other: \_\_\_\_\_

Date of most recent review or revision of operating procedures: \_\_\_\_\_

**Training:**

The date of the most recent review or revision of training programs:

\_\_\_\_\_

The type of training provided (Please circle Yes or No):

Classroom: Yes or No

On the Job: Yes or No

Other: Yes or No

The type of competency testing used (Please circle Yes or No):

Written test: Yes or No

Oral test: Yes or No

Demonstration: Yes or No

Observation: Yes or No

Other: \_\_\_\_\_

**Maintenance:**

The date of the most recent review or revision of maintenance procedures: \_\_\_\_\_

The date of the most recent equipment inspection or test: \_\_\_\_\_

Equipment most recently inspected or tested: \_\_\_\_\_

\_\_\_\_\_

**Management of Change:**

The date of the most recent change that triggered management of change procedures: \_\_\_\_\_

The date of the most recent review or revision of management of change procedure: \_\_\_\_\_

The date of the most recent pre-startup review: \_\_\_\_\_

**Compliance Audits:**

The date of the most recent compliance audit: \_\_\_\_\_

Expected date of completion of all changes resulting from the compliance audit:  
\_\_\_\_\_

**Incident Investigation:**

The date of the most recent incident investigation (if any):  
\_\_\_\_\_

Expected or actual date of completion of all changes resulting from the Investigation:  
\_\_\_\_\_

The date of the most recent review or revision of employee participation plans:  
\_\_\_\_\_

The date of the most recent review or revision of hot work permit procedures:  
\_\_\_\_\_

The date of the most recent review or revision of contractor safety procedures:  
\_\_\_\_\_

The date of the most recent evaluation of contractor safety performance:  
\_\_\_\_\_

**Program 2 (only):**

Hazard Review:

Date of completion of most recent hazard review or update: \_\_\_\_\_

The expected or actual date of completion of all changes resulting from the hazard review: \_\_\_\_\_

Major Hazards Identified: \_\_\_\_\_

Monitoring/Detection systems in use: \_\_\_\_\_

Changes since last hazard review or update: \_\_\_\_\_

Reduction in chemical inventory: \_\_\_\_\_

Increase in chemical inventory: \_\_\_\_\_

Change process parameters: \_\_\_\_\_

Installation of process controls: \_\_\_\_\_

Installation of process detection systems: \_\_\_\_\_

The date of most recent review or revision of operating procedures: \_\_\_\_\_

**Training:**

The date of the most recent review or revision of operating procedures:

The type of training provided (Please circle Yes or No):

Classroom: Yes or No

On the Job: Yes or No

Other: Yes or No

The type of competency testing used (Please circle Yes or No)

Written tests: Yes or No

Oral tests: Yes or No

Demonstration: Yes or No

Observation: Yes or No

Other: Yes or No

**Maintenance:**

The date of most recent review or revision of maintenance procedures:\_\_\_\_\_

The date of most recent equipment inspection or test:\_\_\_\_\_

Equipment most recently inspected or tested:\_\_\_\_\_

**Compliance Audits:**

The date of most recent compliance audit:\_\_\_\_\_

Expected or actual date of completion of all changes resulting from the compliance audit:\_\_\_\_\_

**Incident Investigation:**

The date of most recent incident investigation:\_\_\_\_\_

Expected or actual date of completion of all changes resulting from the investigation:\_\_\_\_\_

The date of the most recent change that triggered a review or revision of safety information, the hazard review, operation or maintenance procedures, or training:  
\_\_\_\_\_  
\_\_\_\_\_

**7. EMERGENCY RESPONSE:**

**Written Emergency Response Plan:**

Is facility included in written community emergency response plan?\_\_\_\_\_

Does facility have its own written emergency response plan?\_\_\_\_\_

Does facility's ER Plan include specific actions to be taken in response to accidental releases of regulated substance(s)?\_\_\_\_\_

Does facility's ER plan include procedures for informing the public and local agencies responding to accidental releases?\_\_\_\_\_

Does facility's ER plan include information on emergency health care?  
\_\_\_\_\_

Date of most recent review or update of facility's ER plan:\_\_\_\_\_

Date of most recent ER training for facility's employees:\_\_\_\_\_



