



SHIFT _____
COMPANY _____
MAP GRID _____
INSPECTOR _____
Department Use Only

CORONA FIRE DEPARTMENT
HAZARDOUS MATERIALS SURVEY

MANDATORY REPLY REQUIRED
(Corona Municipal Code 8.40)

A Business Plan and Hazardous Materials Disclosure must be completed and returned to the Fire Department if any of the following are used, handled, stored or generated in your business or occupancy at any time during the year:

1. Hazardous materials and/or waste in amounts equal to or greater than **55 gallons** of liquids, **500 pounds** of solids or **200 cubic feet** of gases*; (exemptions available for lubricating oils and medical gases, with approval)
2. Extremely hazardous substances/ acutely hazardous materials in amounts over threshold planning quantities;
3. Any amount of known chemical carcinogens;
4. Radioactive materials over quantities required to have emergency planning .

Disclosure is **NOT** required for the following:

1. Hazardous substances contained in food, drug, cosmetic or tobacco products;
2. Hazardous materials contained solely in a consumer product for direct distribution to, and use by, the general public;
3. The transportation of hazardous materials accompanied by shipping papers in accordance with the provisions of Title 49, Code of Federal Regulations;
4. Infectious waste generated by Health Care Facilities regulated under Title 22 of the California Code of Regulations.

CHECK ONE OF THE FOLLOWING:

- No hazardous materials are handled, stored or used in this business.
- Chemicals are used in this business, but do not meet the requirements for disclosure as listed above. (Please provide an explanation on reverse side) → → → → → → → → → → → → → → → →
- Chemicals are used in this business and annual disclosure is required.

It is unlawful for any person to knowingly violate any provision of this Code. Businesses failing to provide or providing false information can be prosecuted under Section 25514 of the California Health and Safety Code, possibly resulting in **finest of \$2000.00 per day or more.**

Print Name _____ Title _____

Business Name _____

Business Address _____

Describe Operations _____

I certify, under the penalty of perjury, that the above information is true and correct to the best of my knowledge.

Signature _____ Date _____ Bus. Phone _____

Questions regarding the hazardous materials program: Please call (951) 736-2220 or e-mail at hazplan@ci.corona.ca.us

*(Aggregate of all chemicals)
FD-HM-6A (11/08)