

Aboveground Separation, Containment, and Monitoring Plan
(Appendix to Hazardous Materials Business Plan and Hazardous Materials Registration Form)
For use by Unidocs Member Agencies in Santa Clara County and where Required by your Local Jurisdiction

Page ____ of ____

Facility Name: _____

Complete one column for each aboveground storage area shown on the Hazardous Materials Business Plan or Hazardous Materials Registration Form Storage Map(s). Write the appropriate location code in the box provided at the top of each column; then moving down the column, check all boxes which apply to that location. Make additional copies of this page if needed.

Location					
Storage Type	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside shed/shelter <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors
Primary Containment <i>(Check all that apply)</i>	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other
Secondary Containment <i>(Check all that apply)</i>	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other
Separation <i>(Check all that apply)</i>	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other
Monitoring Type	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other
Monitoring Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other

In the space provided below, describe the location, type, manufacturer's specifications (if applicable) and suitability of any monitoring methods used other than visual monitoring. Attach additional pages if needed:
