

# Aboveground Separation, Containment, and Monitoring Plan

(Appendix to Hazardous Materials Business Plan and Minimal Storage Site Notification)

For use by Unidocs Member Agencies in Santa Clara County and where Required by your Local Jurisdiction

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

Page \_\_\_\_ of \_\_\_\_

Complete one column for each storage area identified in the facility's Hazardous Materials Business Plan (HMBP) or minimal storage site notification (MSSN) inventory and storage map(s). Write the location name or code in the box provided at the top of each column. Moving down, check all boxes which apply to that location. Make additional copies of this page if needed.

Location					
<b>Storage Type</b>	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside shed/shelter <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside shed/shelter <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside shed/shelter <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside shed/shelter <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside shed/shelter <input type="checkbox"/> Outdoors
<b>Primary Containment</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Drums/barrels <input type="checkbox"/> Safety cans <input type="checkbox"/> Original containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piping <input type="checkbox"/> Inside machinery <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Drums/barrels <input type="checkbox"/> Safety cans <input type="checkbox"/> Original containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piping <input type="checkbox"/> Inside machinery <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Drums/barrels <input type="checkbox"/> Safety cans <input type="checkbox"/> Original containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piping <input type="checkbox"/> Inside machinery <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Drums/barrels <input type="checkbox"/> Safety cans <input type="checkbox"/> Original containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piping <input type="checkbox"/> Inside machinery <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Drums/barrels <input type="checkbox"/> Safety cans <input type="checkbox"/> Original containers <input type="checkbox"/> Tanks <input type="checkbox"/> Piping <input type="checkbox"/> Inside machinery <input type="checkbox"/> Other <i>(Specify below)</i>
<b>Secondary Containment</b> <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"/> Secondary tank or vault <input type="checkbox"/> Secondary piping or trench <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Secondary tank or vault <input type="checkbox"/> Secondary piping or trench <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Secondary tank or vault <input type="checkbox"/> Secondary piping or trench <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Secondary tank or vault <input type="checkbox"/> Secondary piping or trench <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Secondary tank or vault <input type="checkbox"/> Secondary piping or trench <input type="checkbox"/> Other <i>(Specify below)</i>
<b>Separation</b> <i>(Check all that apply)</i>	<input type="checkbox"/> All materials compatible <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Separation ≥ 20 feet <input type="checkbox"/> 1-hour rated wall/partition <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> All materials compatible <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Separation ≥ 20 feet <input type="checkbox"/> 1-hour rated wall/partition <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> All materials compatible <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Separation ≥ 20 feet <input type="checkbox"/> 1-hour rated wall/partition <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> All materials compatible <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Separation ≥ 20 feet <input type="checkbox"/> 1-hour rated wall/partition <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> All materials compatible <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Separation ≥ 20 feet <input type="checkbox"/> 1-hour rated wall/partition <input type="checkbox"/> Other <i>(Specify below)</i>
<b>Monitoring Type</b>	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other <i>(Specify below)</i>
<b>Monitoring Frequency</b>	<input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Monthly; <input type="checkbox"/> Continuous; <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Monthly; <input type="checkbox"/> Continuous; <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Monthly; <input type="checkbox"/> Continuous; <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Monthly; <input type="checkbox"/> Continuous; <input type="checkbox"/> Other <i>(Specify below)</i>	<input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Monthly; <input type="checkbox"/> Continuous; <input type="checkbox"/> Other <i>(Specify below)</i>

A copy of the form(s) used to document required facility self-inspections must be submitted with the HMBP or MSSN. *[Exception: Unidocs provides a Hazardous Materials/Waste Aboveground Storage Area Inspection Form that you may use if you do not already have your own form. If you use the Unidocs form (available at [www.unidocs.org](http://www.unidocs.org)), you do not need to attach a copy.]*

Check the appropriate box:

- We will use the Unidocs Hazardous Materials/Waste Aboveground Storage Area Inspection Form (UN-023) to document inspections.
- We will use our own form(s) to record inspections. **(A blank copy of each document used must be submitted.)**

In this box, address all "Other (Specify below)" items from the table above and describe any monitoring methods used other than visual monitoring (i.e., manufacturer name and model of leak detection equipment, locations of sensors, etc.). Attach additional pages if needed.