

COPY

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San Jose Fire Department
Hazardous Materials Program
4 N. Second St., Suite 1100
San Jose, CA 95113-1305

Reviewed by _____
Date _____
 Returned for Correction
 SCNR
SIC# _____

HAZARDOUS MATERIALS MANAGEMENT PLAN
SHORT FORM

- Address: 1777 Smith Ave., San Jose Phone: 408-269-5777
- Name of Business: Acme Vending Inc.
- Owner, Responsible Employee: Joseph J. Adragna
- Type of Business: Vending Machines
- Two people that could respond in an emergency when the facility is closed (weekends, holidays, etc.).

NAME	TITLE	ADDRESS	PHONE NUMBER
A. <u>Joseph Adragna</u>	<u>President</u>	<u>37979 Thousand Oaks Dr., S.J.</u>	<u>408-723-7373</u>
B. <u>Vito Adragna Jr.</u>	<u>Vice-President</u>	<u>64 Eagle Haven Ct., S.J.</u>	<u>408-284-9320</u>

- Number of Employees: 7 Number of Shifts: 2
- Hours of Operation: 9:00 Am TO 11:00 Pm

Check all appropriate boxes relating to your chemical storage.

- Carcinogens: Do you store, handle or use any carcinogenic materials?
 Yes No
If yes, attach a copy of the Carcinogen Registration Form for each material.
- Storage: Original Containers Safety Cans
 Approved Safety Cabinets Inside Machine
 55-Gal Drums/Barrels Pressurized Vessels Outside Storage Shed
 Other (Explain): underground tank
- Storage Location: Inside Building Outside - If outside, how are materials protected from vandalism? underground locked tank
- Separation: All Materials Compatible
 One Hour Separation -(Wall/Partition)
 Approved Safety Cabinets
 Other (Explain): _____
- Secondary Containment: Approved Cabinet Secondary Drums
 Tray Bermed Coated Floor Vaulted Tank
 Other (Explain): _____
- Monitoring: (How you are able to detect a leak?)
 Visual Other (Explain): monitoring well

Hazardous Materials Management Plan Short Form (Cont'd)

14. **Monitoring Frequency:** Daily Weekly Other
(Explain): _____

15. **Disposal:** How are spent materials and/or wastes hauled and disposed?

- No Waste Discharge to Sanitary Sewer
 Pretreatment, then discharge to Sanitary Sewer Recycle
 Hauled to Hazardous Waste Treatment Facility
 (Write your EPA Generator ID Number) _____
 List Name of Hauler or Recycler _____
 Other (Explain): _____

16. **Emergency Equipment:** (Describe)

Fire Extinguishers

17. **Emergency Response Plan:**

- Posted evacuation routes.
 Posted emergency call list.
 Posted emergency employee procedures.

18. Write below or attach a list of the names DOT hazard classes, and maximum quantities of each chemical.

Examples of Chemical and Hazard Classes include:

- o Flammable/Combustible Liquids (FL/CL). Gasoline, Diesel, Cleaning Solvents, Paint, Thinner, Waste Oil
- o Corrosives: Hydrochloric Acid, Sodium Hydroxide Hot Tank
- o Gases: Acetylene, Hydrogen
- o Oxidizers: Hydrogen Peroxide, Ammonium Nitrate
- o Other Regulated Materials: Antifreeze

<u>DOT Hazard Class</u>	<u>Chemical Name</u>	<u>Maximum Quantity</u>
<u>FL/CL</u>	<u>Gasoline</u>	<u>550</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Further information may be required at the discretion of the Fire Department (i.e., facility map).

19. If there is any change which would materially affect any answer above, I will inform the City and apply for an appropriate amendment to this permit. I declare under penalty of perjury that the foregoing information is true and correct.

Name	Title of Applicant	Signature	Date
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