



Department of Planning and Development  
**Toxics Management Division**  
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For Dept Use Only – Log In/Date Stamp

## NEW BUSINESS FORM

Assigned to:

### Hazardous Materials and Hazardous Waste Generator Reporting Requirements

1. State and City Codes require facilities that use or store **aggregate** quantities of hazardous materials (including hazardous wastes) at any one time during the reporting year in a quantity equal to or greater than 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet at standard temperature and pressure for compressed gases to submit a *Hazardous Materials Business Plan (HMBP)*. Please note, hazardous materials include less-toxic materials such as cylinders of carbon dioxide, oxygen, and propane (as used in forklifts), as well as paint, freon (as used in refrigeration systems), oil, antifreeze, parts washers and automotive batteries.

In addition, any facility that handles any quantity of radioactive materials or etiologic agents (pursuant to Berkeley Municipal Code Title 15), exceeds the reportable thresholds for Extremely Hazardous Substances (EHSs), as defined in the Code of Federal Regulations Title 40, Part 355, Appendix A, or produce or handle manufactured nanoscale materials (defined as manufactured chemicals that are engineered and which have one dimension less than 100 nanometers) is required to submit a HMBP.

2. If your facility does not meet these requirements, but does generate **any** quantity of hazardous waste, you must complete a *Hazardous Waste Generator Reporting Packet*.

Please note, even if your facility does not meet any of the above requirements, the Hazardous Materials Manager or Fire Chief may require you to submit information regarding your facility and hazardous materials inventory.

If you have questions about these requirements or are not sure whether your facility is required to submit a report, please call a Hazardous Materials Specialist at (510) 981-7460.

Please check off the appropriate box below, sign the bottom of the form and return it to Toxics Management Division.

- My facility **meets or exceeds** the requirements for hazardous materials storage as described in #1 above (*HMBP required*). \_\_\_\_\_
- My facility **meets or exceeds** the requirements for hazardous waste generation as described in #2 above (*Hazardous Waste Generator Reporting Packet required*). \_\_\_\_\_
- My facility **does not meet** the requirements of #1 above, and **does not** meet the requirements of #2 above.

I certify under penalty of perjury that the information on this letter is true and correct. I authorize the TMD to inspect my facility at any time to verify this statement. I understand that civil and/or criminal penalties may be applied if this information is not true and correct. If the information in this certification becomes incorrect, I will contact the TMD and file the appropriate reports within 30 days.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Business Owner \_\_\_\_\_

Facility Name \_\_\_\_\_ Facility Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Business Open Date \_\_\_\_\_ Phone \_\_\_\_\_