



LOS ANGELES CITY FIRE DEPARTMENT  
CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)  
CALIFORNIA ACCIDENTAL RELEASE PREVENTION (CalARP) PROGRAM

Phone: (213) 238-3515

E-mail: [lafd.calarp@lacity.org](mailto:lafd.calarp@lacity.org)



CalARP REGISTRATION FORM

REASON FORM IS BEING SUBMITTED:  UPDATE  CORRECTION  DE-REGISTRATION  WITHDRAWAL

I. REGISTRATION INFORMATION

<b>1.1 Source Identification</b>	
1.1.a Facility Name	
1.1.b Parent Company #1 Name	
1.1.c Parent Company #2 Name	
1.2 EPA Facility Identifier	
1.3 Unified Program Facility ID #	
1.4 Facility NAICS Code	
<b>1.5 Dun and Bradstreet Numbers (DUNS)</b>	
1.5.a Facility DUNS	
1.5.b Parent Company #1 DUNS	
1.5.c Parent Company #2 DUNS	
<b>1.6 Facility Location</b>	
1.6.a Street – Line 1	
1.6.b Street – Line 2	
1.6.c City	
1.6.d State	
1.6.e County	
1.6.f Zip Code	
1.6.g Facility Latitude (in decimal degrees)	
1.6.h Facility Longitude (in decimal degrees)	
1.6.i Method for Determining Lat/Long	
1.6.j Description of Location Identified by Lat/Long	
<b>1.7 Owner/Operator</b>	
1.7.a Name	
1.7.b Phone #	
1.7.c Mailing Address – Line 1	
1.7.d Mailing Address – Line 2	
1.7.e City	
1.7.f State	
1.7.g Zip Code	
<b>1.8 Person Responsible for RMP</b>	
1.8.a Name	
1.8.b Title	
1.8.c Phone #	
1.8.d E-mail Address	



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<b>1.9 Emergency Contacts</b>	
<b>1.9.a Name – <u>Primary</u></b>	
<b>1.9.b Title</b>	
<b>1.9.c Phone #</b>	
<b>1.9.d 24-hr Phone #</b>	
<b>1.9.e E-mail Address</b>	
<b>1.9.f Name – <u>Alternate</u></b>	
<b>1.9.g Title</b>	
<b>1.9.h Phone #</b>	
<b>1.9.i 24-hr Phone #</b>	
<b>1.9.j E-mail Address</b>	
<b>1.10 Other Points of Contact</b>	
<b>1.10.a Facility or Parent Company E-mail Address</b>	
<b>1.10.b Facility or Parent Company Website</b>	
<b>1.10.c Facility Public Contact Phone #</b>	
<b>1.11 Local Emergency Planning Committee (LEPC)</b>	California Region 1 LEPC
<b>1.12 Number of Full-Time Employees On-Site</b>	
<b>1.13 Covered By</b>	
<b>1.13.a OSHA PSM</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>1.13.b 40 CFR Part 355</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>1.13.c CAA Title V Air Operating Permit</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>1.13.d Air Operating Permit ID #</b>	
<b>1.14 OSHA VPP Status</b>	
<b>1.15 Last Safety Inspection by External Agency</b>	
<b>1.15.a Date of Inspection</b>	
<b>1.15.b Agency Performing Inspection</b>	
<b>1.16 RMP Consultant</b>	
<b>1.16.a Name</b>	
<b>1.16.b Company</b>	
<b>1.16.c Phone #</b>	
<b>1.16.d Street – Line 1</b>	
<b>1.16.e Street – Line 2</b>	
<b>1.16.f City</b>	
<b>1.16.g State</b>	
<b>1.16.h Zip Code</b>	

**II. CERTIFICATION**

I, the owner or operator of the aforementioned business, hereby certify that the registration information provided on this form is true, accurate, and complete to the best of my knowledge based upon reasonable inquiry. I am fully aware that this certification executed on the date indicated below is made under penalty of perjury under the laws of the State of California.	
CERTIFIED BY	TITLE
SIGNATURE	DATE



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**III. PROCESS INFORMATION (ATTACH MORE PAGES AS NECESSARY)**

<b>Process ID #</b>			
<b>Process Description</b>			
<b>Program Level</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
<b>Chemical(s)</b>	<b>Name</b>	<b>CAS #</b>	<b>Max Quantity (lbs.)</b>

<b>Process ID #</b>			
<b>Process Description</b>			
<b>Program Level</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
<b>Chemical(s)</b>	<b>Name</b>	<b>CAS #</b>	<b>Max Quantity (lbs.)</b>

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<b>Process Description</b>			
<b>Program Level</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
<b>Chemical(s)</b>	<b>Name</b>	<b>CAS #</b>	<b>Max Quantity (lbs.)</b>

<b>Process ID #</b>			
<b>Process Description</b>			
<b>Program Level</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
<b>Chemical(s)</b>	<b>Name</b>	<b>CAS #</b>	<b>Max Quantity (lbs.)</b>

## CalARP REGISTRATION FORM INSTRUCTIONS

**REASON FORM IS BEING SUBMITTED** – Check “Update” if the RMP is submitted for 5-year update, process change that requires a revised PHA or hazard review, or any reasons discussed in 19 CCR 2745.10; check “Correction” if there is a change or error in administrative information, new accident history information, or change in emergency contact information; check “De-registration” if the facility is no longer subject to the CalARP Program; check “Withdrawal” if the facility was erroneously considered subject to the CalARP Program.

### I. REGISTRATION INFORMATION

- 1.1.a FACILITY NAME** – Enter the name of the facility. The name must be specific to the site; if the site is part of a large corporation, the name may be the corporate name plus the location (ex: “ABC Chemicals - Hightown Plant”).
- 1.1.b PARENT COMPANY #1 NAME** – Enter the legal name of the corporation or entity which owns at least 50 percent of the voting stock. If the facility does not have a parent company, leave this data element blank.
- 1.1.c PARENT COMPANY #2 NAME** – If the facility is owned by a joint venture, enter the name of the second major owner here.
- 1.2 EPA FACILITY IDENTIFIER** – Enter the facility’s 12-character EPA identification number issued by the USEPA.
- 1.3 UNIFIED PROGRAM FACILITY ID #** – Enter the identification number assigned to the facility by the CUPA.
- 1.4 FACILITY NAICS CODE** – Enter the 6-digit North American Industry Classification System (NAICS) code for the stationary source.
- 1.5.a FACILITY DUNS** – Enter the facility’s Dun and Bradstreet number.
- 1.5.b PARENT COMPANY #1 DUNS** – Enter the parent company’s Dun and Bradstreet number.
- 1.5.c PARENT COMPANY #2 DUNS** – Enter the second major owner’s Dun and Bradstreet number.
- 1.6.a-f FACILITY ADDRESS** – Provide the facility location address, including the street, city, state, ZIP code, and county. This is the location where regulated substances are present.
- 1.6.g FACILITY LATITUDE** – Provide the latitudinal coordinates of the facility in decimal degrees.
- 1.6.h FACILITY LONGITUDE** – Provide the longitudinal coordinates of the facility in decimal degrees.
- 1.6.i METHOD FOR DETERMINING LAT/LONG** – Indicate the method used to determine the facility’s latitude and longitude.
- 1.6.j DESCRIPTION OF LOCATION IDENTIFIED BY LAT/LONG** – Describe the location that latitude and longitude represent.
- 1.7.a NAME** – Enter the name of the legal owner or operator of the facility (person, company, association, or government agency).
- 1.7.b PHONE #** – Enter the facility owner or operator’s business phone number.
- 1.7.c-g OWNER/OPERATOR ADDRESS** – Provide the owner or operator’s mailing address, including the street, city, state, and ZIP code.
- 1.8.a NAME** – Enter the name of the person with overall responsibility for the Risk Management Program at the facility.
- 1.8.b TITLE** – Enter the title of the person or position with overall responsibility for the Risk Management Program at the facility.
- 1.8.c PHONE #** – Enter the phone number of the person with overall responsibility for the Risk Management Program at the facility.
- 1.8.d E-MAIL ADDRESS** – Enter the e-mail address of the person with overall responsibility for the Risk Management Program at the facility.
- 1.9.a NAME (PRIMARY)** – Enter the name of the person designated as the primary emergency contact.
- 1.9.b TITLE** – Enter the title or job classification of the person designated as the primary emergency contact.
- 1.9.c PHONE #** – Provide the phone number where the primary emergency contact can be reached during normal business hours.
- 1.9.d 24-HR PHONE #** – Provide the phone number where the primary emergency contact can be reached outside of normal business hours.
- 1.9.e E-MAIL ADDRESS** – Provide the e-mail address of the person designated as the primary emergency contact.
- 1.9.f NAME (ALTERNATE)** – Enter the name of the person designated as the alternate emergency contact.
- 1.9.g TITLE** – Enter the title or job classification of the person designated as the alternate emergency contact.
- 1.9.h PHONE #** – Provide the phone number where the alternate emergency contact can be reached during normal business hours.
- 1.9.i 24-HR PHONE #** – Provide the phone number where the alternate emergency contact can be reached outside of normal business hours.
- 1.9.j E-MAIL ADDRESS** – Provide the e-mail address of the person designated as the alternate emergency contact.
- 1.10.a FACILITY OR PARENT COMPANY E-MAIL ADDRESS (OPTIONAL)** – Provide an e-mail address to which public inquiries could be sent.
- 1.10.b FACILITY OR PARENT COMPANY WEBSITE (OPTIONAL)** – Provide the web address where details on the facility’s accident prevention program or other facility/corporate information can be found.
- 1.10.c FACILITY PUBLIC CONTACT PHONE # (OPTIONAL)** – Provide a phone number for public inquiries.
- 1.11 LOCAL EMERGENCY PLANNING COMMITTEE (LEPC)** – This is the Local Emergency Planning Committee to which the facility belongs. City of Los Angeles belongs to Region 1.
- 1.12 NUMBER OF FULL-TIME EMPLOYEES ON-SITE** – Enter the number of full-time employees who work at the facility.
- 1.13.a OSHA PSM** – Mark yes if the facility is subject to OSHA Process Safety Management (PSM) Title 8 Section 5189, or no if not subject to PSM.
- 1.13.b 40 CFR PART 355** – Mark yes if the facility is subject to chemical disclosure under title 40 CFR Part 355 or mark no if quantity onsite is below federal threshold planning quantities.
- 1.13.c CAA TITLE V AIR OPERATING PERMIT** – Mark yes if the stationary source is subject to the Title V CAA permit requirements, or no if not subject to Title V.
- 1.13.d AIR OPERATING PERMIT ID #** – If the facility is subject to Title V CAA permit requirements, enter the Title V permit number.
- 1.14 OSHA VPP STATUS (OPTIONAL)** – Enter whether you participate in the OSHA Voluntary Protection Program and the status of your facility Program levels are Star, Merit, or Star Demonstration.
- 1.15.a DATE OF INSPECTION** – Provide the date of the facility’s last safety inspection by an external agency. Leave this data element blank if the facility has never had an inspection.
- 1.15.b AGENCY PERFORMING INSPECTION** – Enter the name of the agency that performed the last safety inspection (ex: EPA, CUPA, OSHA).
- 1.16.a NAME** – Enter the name of the primary RMP consultant or project coordinator.
- 1.16.b COMPANY** – Enter the company name of the RMP consultant or project coordinator.
- 1.16.c PHONE #** – Enter the phone number of the RMP consultant or project coordinator.
- 1.16.d-h RMP PREPARER ADDRESS** – Provide the mailing address, including the street, city, state, and ZIP code of the RMP consultant or project coordinator.

### II. CERTIFICATION

**CERTIFIED BY** – Print the name of the person certifying that the information provided on this form is true and accurate.

**TITLE** – Enter the title of the person certifying that the information provided on this form is true and accurate.

**SIGNATURE** – This line must be signed by the person certifying that the information provided on this form is true and accurate.

**DATE** – Enter the date the registration form was certified and signed.

### III. PROCESS INFORMATION

**PROCESS NUMBER** – If there are multiple regulated processes, enter a number to identify the process.

**PROCESS DESCRIPTION** – Describe the process and/or operations involved in the use, treatment, storage, production, disposal, or otherwise handling of the regulated substances (include process pressures and temperature, and whether it is a raw material or an intermediate).

**PROGRAM LEVEL** – Mark the Program Level that the process falls under.

**CHEMICAL NAME** – Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material involved in the process. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the chemical's Safety Data Sheet (SDS).

**CHEMICAL CAS #** – Enter the Chemical Abstract Service number for the hazardous material.

**CHEMICAL MAX QUANTITY (LBS.)** – Enter the maximum amount of the hazardous material or mixture containing the hazardous material which is handled in the process at any one time over the course of the year.