



Contra Costa Health Services
 Contra Costa County Certified Unified Program Agency
 Hazardous Materials Programs
 California Accidental Release Prevention Program
REGULATED SUBSTANCES REGISTRATION/DEREGISTRATION
STATIONARY SOURCE INFORMATION

Stationary Source Name:		Facility ID #	U.S. EPA ID#	Phone:
Stationary Source Address:		City:	CA	Zip Code:
Latitude:	Longitude:	Dun & Bradstreet:	NAICS:	No. of Emp:
Owner/Operator:			Phone:	
Mailing Address:		City:	State:	Zip Code:
Name of Parent Company:		Dun & Bradstreet:	Phone:	
Person Responsible for RMP:		Title:	Phone:	
Emergency Contact:	Title:	Phone:	24-Hour Phone & E-Mail:	
Is the Stationary Source Subject to Title 8 CCR §5189 (Process Safety Management)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the Stationary Source Subject to Part 355 of Title 40 of CFR? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the Stationary Source Required to Have a CAA Title V Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Safety Inspection: Agency _____ Date _____		
Regulated Substances/Flammable Mixture at Stationary Source:		Quantity of Regulated Substance in Largest Single Container (lbs.):		Distance From Largest Single Container to Public Receptor (feet):
	Register Deregister			
1. _____	( (	1. _____		1. _____
2. _____	( (	2. _____		2. _____
3. _____	( (	3. _____		3. _____
4. _____	( (	4. _____		4. _____
5. _____	( (	5. _____		5. _____
6. _____	( (	6. _____		6. _____
Continued on next page? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If deregistering one or more regulated substances, identify the date CCHS was physically on site to verify that the regulated substance(s) is/are no longer on site at or above the CalARP regulatory threshold(s); otherwise identify N/A if not deregistering any regulated substances:				
Signature of CCHS Inspector:		Date:		
Signature of Owner/Operator to certify accuracy of information:		Printed Name:		Date: