

Completing the Facility Information Element

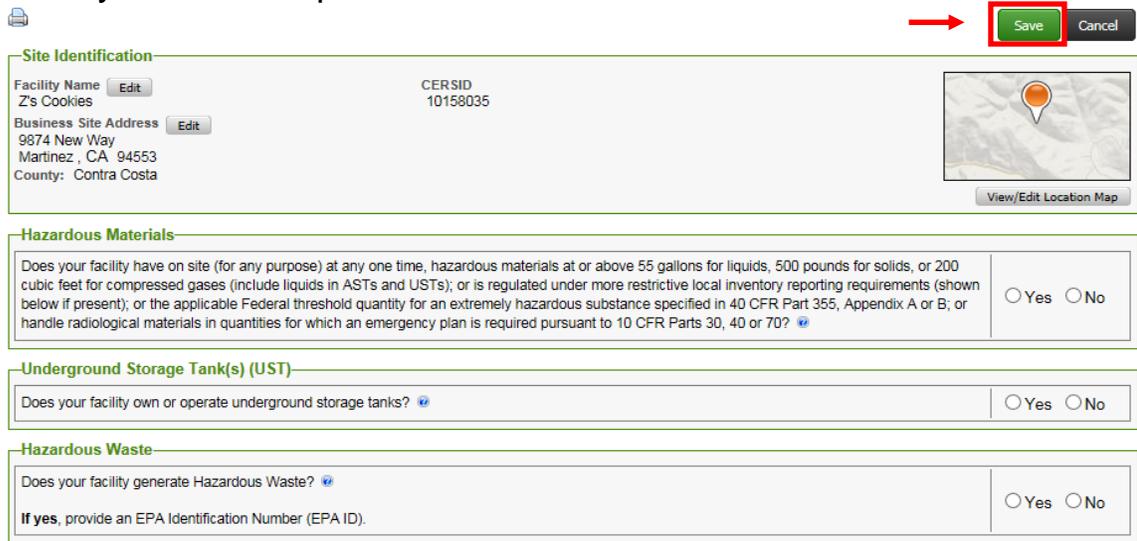
The Facility Information submittal element is the first section that every business needs to complete for their facility. The information you provide will determine which other CERS submittal elements are applicable to the facility and what information you need to report.

1. Click “Start”



The screenshot shows the top of the Facility Information form. The header bar contains the text "Facility Information" on the left, "No Previous Submittals" in the center, and a green "Start" button on the right. A red box highlights the "Start" button, and a red arrow points to it from the right. Below the header, there are two menu items: "Business Activities" and "Business Owner/Operator Identification".

2. Carefully answer all questions for “Business Activities” and then click “Save”.

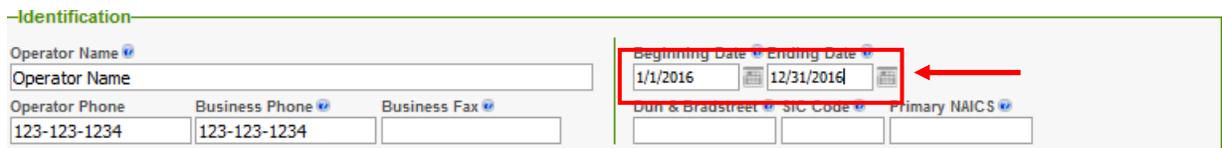


The screenshot shows the "Business Activities" section of the form. At the top right, there is a green "Save" button and a "Cancel" button, with a red box around the "Save" button and a red arrow pointing to it. The section is divided into several sub-sections: "Site Identification" (with fields for Facility Name, Business Site Address, and CERSID), "Hazardous Materials" (with a question about hazardous materials on site and "Yes/No" radio buttons), "Underground Storage Tank(s) (UST)" (with a question about USTs and "Yes/No" radio buttons), and "Hazardous Waste" (with a question about hazardous waste and "Yes/No" radio buttons).

3. Fill out “Business Owner/Operator Identification”.

Please be sure to include the following requirements while completing your form:

- In the “Identification” section, enter the Beginning Date (1/1/2016) and End Date (12/31/2016)



The screenshot shows the "Identification" section of the form. The "Beginning Date" and "Ending Date" fields are highlighted with a red box, and a red arrow points to them from the right. The "Beginning Date" field contains "1/1/2016" and the "Ending Date" field contains "12/31/2016". Other fields include "Operator Name", "Operator Phone", "Business Phone", "Business Fax", "Dun & Bradstreet", "SIC Code", and "Primary NAICS".

- You will also need to include your SIC code.
If you are not sure of your SIC code, please see below.

Common Standard Industrial Classification (SIC) Codes

Auto Body Shops	7532
Auto Repair Shops	7538
Car Dealers – New & Used	5511
Dry Cleaners	7216
Gasoline Stations (with Convenience Store)	5541
Gasoline Stations (Other)	5541

Identification

Operator Name: _____

Beginning Date: 1/1/2015 Ending Date: 12/31/2015

Operator Phone: _____ Business Phone: _____ Business Fax: _____

Dun & Bradstreet: _____ SIC Code: _____ Primary NAICS: _____

- When entering the State Code for addresses on this form, make sure both letters are capitalized (use: CA not Ca or ca).

Facility/Site Mailing Address

Mailing Address: _____

City: _____ State: CA ZIP/Postal Code: _____

Owner

First & Last Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: CA ZIP/Postal Code: _____

Country: United States

Billing Contact

First & Last Name: _____ Phone: _____

Email: _____

Mailing Address: _____

City: _____ State: ca ZIP/Postal Code: 94509

Country: United States

Environmental Contact

First & Last Name: _____ Phone: _____

Email: _____

Mailing Address: _____

City: _____ State: Ca ZIP/Postal Code: _____

Country: United States

- At the bottom of the Owner/Operator form, fill in the number of employees at your facility under the “**Locally-Collected Information**” section

Locally-Collected Information

Some or all of the following fields may be required by your local regulator(s).

Property Owner

First & Last Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Country: United States

Assessor Parcel Number (APN): _____

Number of Employees: _____

Facility ID (Regulator Provided): _____

NOTE: If you do not provide this information, your submittal will NOT be accepted.

Save Cancel

When finished, click **“Save”**.

CERS will direct you back to the **“Prepare Draft Submittal”** page to continue.

4. If your facility generates Hazardous Waste, you **MUST** complete the **“Hazardous Waste Generator Reporting Form”**. You may download and complete the Hazardous Waste Generator Form at <http://cchealth.org/hazmat/cers-instructions.php>

CONTRA COSTA HEALTH SERVICES

2016 HAZARDOUS WASTE GENERATOR REPORTING FORM

FACILITY NAME: _____ SITE ID: _____
CERS ID: _____ EPA ID: _____

This form is required to be submitted if your facility had any amount of hazardous waste disposed of from your facility in 2015. Disposal includes picked up by a licensed transporter or taken to a certified collection location. If your facility is in the Hazardous Waste Generator Program, but no hazardous waste was disposed of in 2015, this form is still required.

Determine the amount of hazardous waste your business disposed of during the 2015 calendar year.

Total Tonnage of Hazardous Waste Disposed During 2015: _____ Tons
(calculation guide on back)

I hereby certify that this form, including any accompanying statements, is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____
Print Name: _____

INSTRUCTIONS FOR COMPLETING THIS FORM ON BACK

SUBMITTAL OPTIONS - You may submit this form in one of the following ways:

1. Upload PDF document to your 2016 CERS submittal under **Miscellaneous State Required Documents** in the Facility Information section. (If you are submitting via CERS, no signature is required.)
2. Fax to 925-646-2073
3. Email PDF document to cerhamat@hd.cccounty.ca.gov
4. Mail to: Hazardous Materials Program
4385 Pacheco Blvd., Suite 100
Martinez, CA 94553

Depending on your version of Adobe, you may need to save the document on your computer prior to filling it out, then **“Save As”** a PDF document.

Once you have completed and saved the form click **“Miscellaneous State Required Documents”**



Upload your document:

- a. Select **“Upload Document”** in the **“Document Options”** box
- b. Click **“Browse”** or **“Choose File”** and select the desired file.
- c. Enter a **“Document Title”** (HWG Reporting Form)
- d. Click **“Save & Finish”**

Document Options

- Upload Document(s)
- Public Internet URL
- Provided Elsewhere in CERS
- Provided to Regulator
- Stored at Facility
- Exempt

Document Upload(s) [CERS Document Upload Policy](#)

Upload Document

C:\Users\hwagner\Desktop **Browse...**

Date Authored (Required) Document Title (Required)

11/20/2014 HWG Reporting Form

Description/Comments (Optional)

Save & Upload Again **Save & Finish** Cancel

If you are unable to upload a PDF version of the HWG Reporting form, you can fax it to our office. Please refer to the instructions for Faxing Required Documents, here [Faxing Required Documents](#):