

**UNIFIED PROGRAM (UP) FORM
HAZARDOUS WASTE GENERATOR**

PAGE OF

BUSINESS NAME:

3

FACILITY ID #

1

NUMBER OF EMPLOYEES:

133b

EPA ID #

2

I. TYPE OF GENERATOR

A

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY

	RCRA GENERATOR (FEDERAL WASTE)	NON RCRA GENERATOR (CALIFORNIA WASTE ONLY)
LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)	☐	☐
SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)	☐	☐
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (< 100 KG HAZARDOUS WASTE PER MONTH)	☐	☐

II. WASTE STREAM IDENTIFICATION

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION.

PROCESS B	WASTE DESCRIPTION C	WASTE ID D	AMOUNT PER YEAR E	DISPOSAL METHOD F	STORAGE METHOD G

I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR NAME

H

OWNER/OPERATOR TITLE

I

OWNER/OPERATOR SIGNATURE

DATE

J

OFFICIAL USE ONLY

DATE RECEIVED

REVIEWED BY

CUPA

PA

DISTRICT

INSPECTOR

**INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM
HAZARDOUS WASTE GENERATOR PAGE (LA COUNTY)**

The waste generator page is used to identify your generator status and all waste streams generated at your facility.

1. **FACILITY ID NUMBER** Leave this blank. The Certified Unified Program Agency assigns this number (CUPA) and identifies your facility.
2. **EPA ID #** If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, to obtain one.
3. **BUSINESS NAME** Enter the full legal name of the business.
- 133b. **NUMBER OF EMPLOYEES** Enter the total number of employees currently working at your facility.
- A. **TYPE OF GENERATOR** Check the box that most closely apply to your facility.

RCRA GENERATOR Check the box that best describes the amount of Federal listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn't generate hazardous waste regulated under Subtitle C of RCRA (the Resource Conservation and Recovery Act of 1976).

NON - RCRA GENERATOR Check the box that that best describes the amount of California-only listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn't generate non-RCRA hazardous waste.

Boxes include:
 - ◆ Large Quantity Generator (greater than 1000 kg per Hazardous Waste per month)
 - ◆ Small Quantity Generator (less than 1000 kg per month but greater than 100 kg Hazardous Waste per month)
 - ◆ Conditionally Exempt Small Quantity Generator (less than 100 kg Hazardous Waste per month)

Note:

 1. 1 kg = 2.2 lbs.
 2. For Acutely Hazardous Waste or Extremely Hazardous Waste, facilities that generate greater than 1 kg per month are considered Large Quantity Generators and facilities that generate less are considered Conditionally Exempt Small Quantity Generators.
- B. **PROCESS** Briefly describe all processes that generate hazardous waste(s) at your facility. Example: plating, machining, painting, etc.
- C. **WASTE DESCRIPTION** Describe the type of waste that is generated from each process listed. Example: heavy metal sludge, waste oil, etc.
- D. **WASTE ID** List the Waste ID #'s for all RCRA and non-RCRA hazardous waste. Refer to 22 CCR § 66261.126.
- E. **AMOUNT PER YEAR** List the amount of hazardous waste generated from each separate process in kilograms, pounds, gallons, or tons per year.
- F. **STORAGE METHOD** Enter the letter that corresponds to the type of storage used at your facility for each of the hazardous waste streams listed.
 - A = Drums
 - B = Underground Tank
 - C = Aboveground Tank
 - D = Waste Pile
 - E = In Process Equipment
- G. **DISPOSAL METHOD** Enter the letter in the space provided to describe the disposal method used at your facility for each of the hazardous waste streams listed.
 - A = Treatment Onsite
 - B = Treatment Offsite
 - C = Recycle Onsite
 - D = Recycle Offsite
- H. **OWNER/OPERATOR NAME** Indicate the name of the person who signed the form.
- I. **OWNER/OPERATOR TITLE** Indicate the title of the person who signed the form.
- J. **DATE** Indicate the date the form was signed.