

**Division 3. Electronic Submittal of Information**  
**Subdivision 1. Data Dictionary for Regulated Activities**

**Chapter 1. Facility Information**

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**1. Business Activities**

ID	ELEMENT	CODES/CRITERIA	LENGTH	TYPE	INFORMATION DESCRIPTION	CERS MINIMALLY REQUIRED FIELDS
1	Facility ID Number		13	AN	A facility identifier assigned by the local regulator supporting cross-linking of CERS and local data system records. Because CUPAs do not consistently apply the original regulatory definition of this field (2 AN county 3 AN jurisdiction 6 AN facility number), CERS accepts any alphanumeric string up to 13 characters. The original regulator goals of this field are fulfilled through the CERS ID and CERS System Field "FacilityRegulatorKey" (20.0084).	False
1a	CERS ID	Cal/EPA assigned, 8- or 9- digit ID assigned to a specific facility that never has leading zeroes (begins at 10000001). Cal/EPA does not anticipate using 9- digit CERS IDs until the year 2020 or beyond.	9	N	A CERS ID is a Cal/EPA-assigned, 8- or 9- digit ID to uniquely identify a facility in CERS. The CERS ID should remain unchanged across different owners/operators of a facility.	False
2	EPA ID Number	12 digit identifier beginning with CA	12	AN	EPA Identification number for businesses that generate, recycle, or treat hazardous waste. For facilities in California, the number usually starts with the letters 'CA'. The number can be obtained from the Telephone Information Center at (916) 324-1781, (800)61-TOXIC or (800) 618-6942.	False
3	Business Name		70	AN	Full legal name of business.	TRUE

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4	Hazardous Materials On Site	Y = Yes N = No	1	AN	<p>Business must report that it has hazardous materials on site if:</p> <ul style="list-style-type: none"> <li>- it is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of gas (calculated at standard temperature and pressure),</li> <li>- it is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,</li> <li>- radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with those regulations.</li> </ul> <p>Triggers requirement for chemical description data elements.</p>	True
4a	CalARP Regulated Substances	Y = Yes N = No	1	AN	<p>Business must report that it has Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP) pursuant to 19 CCR 2770.5.</p>	True
5	Own or Operate Underground Storage Tank	Y = Yes N = No	1	AN	<p>Facility must report if it owns or operates USTs containing hazardous substances defined in HSC §25316. Triggers requirement for UST facility and tank data elements.</p>	True
8	Own or Operate Aboveground Petroleum Storage Tank	Y = Yes N = No	1	AN	<p>Select if facility is storing petroleum in aboveground tanks which exceeds a cumulative storage capacity greater than 1,320 gallons for all ASTs. "Petroleum" means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC 25270.2 (g)). Various facility exemptions are described in HSC 25270.2(k), e.g., certain oil filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.</p>	True

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9	Hazardous Waste Generator	Y = Yes N = No	1	AN	Facility must report if it generates hazardous waste. "Hazardous waste" means a waste that meets any of the criteria for the identification of a hazardous waste adopted by the department pursuant to HSC 25141. "Hazardous waste" includes, but is not limited to, RCRA hazardous waste. Unless expressly provided otherwise, the term "hazardous waste" shall be understood to also include extremely hazardous waste and acutely hazardous waste. Triggers requirement to obtain and provide EPA Identification number.	True
10	Recycle	Y = Yes N = No	1	AN	Facility must report if it recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for exclusion or exemption pursuant to HSC 25143.2. This includes onsite and offsite facilities that recycle under this law. Triggers requirement for Recyclable Materials data elements. Persons that send recyclable material offsite to be recycled and that do not recycle onsite are not included in this category.	True
11	Onsite Hazardous Waste Treatment	Y = Yes N = No	1	AN	Facility must report if it treats hazardous waste under an onsite tier. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of "treatment" for certain processes under specific, limited conditions. Refer to HSC §25123.5(b) for these specific exemptions.  Treatment of certain laboratory hazardous wastes do not require treatment. Refer to HSC §25200.3.1 for specific information.	True

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					Contact CUPA to determine if any exemptions or exclusions apply. Triggers requirement for onsite hazardous waste treatment data elements.	
12	Financial Assurance	Y = Yes N = No	1	AN	Facilities that treat hazardous waste under PBR or CA tiers are required to provide financial assurance for closure costs (per 22 CCR §67450.13(b), HSC §25245.4), unless they are exempt. Triggers requirement for financial assurance data elements.	True
13	Remote Waste Consolidation Site	Y = Yes N = No	1	AN	Facilities must report if they collect hazardous waste initially at remote sites and subsequently transport the hazardous waste to a consolidation site they operate pursuant to HSC §25110.10. Triggers requirement for remote hazardous waste consolidation data elements.	True
14	Hazardous Waste Tank Closure	Y = Yes N = No	1	AN	Facilities must report if the tank being closed would be classified as hazardous waste, after its contents are removed. Classification could be based on:  <ul style="list-style-type: none"> <li>- the facility's knowledge of the tank and its contents,</li> <li>- testing of the tank,</li> <li>- inability to remove hazardous materials stored in the tank,</li> <li>- the mixture rule, or</li> <li>- the listed wastes in 40 CFR 261.31, 40 CFR 261.32.</li> </ul> Triggers requirement for hazardous waste data elements.	True
14a	RCRA Large Quantity Generator (LQG)	Y = Yes N = No	1	AN	Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.	True
14b	HHW Collection	Y = Yes N = No	1	AN	Facilities must report if they collect hazardous waste as a Household Hazardous Waste (HHW) Collection site.	True
16	Business Activities Comments		1000	AN	Other comments about the facility's business activities.	False

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103	Business Site Address		70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility. The "Supplemental Location Text" field can also be used to capture additional information where the facility's formal address is unclear or not available.	True
103a	Supplemental Location Text		30	AN	Contains additional locational information where the formal address is unclear or not available.	False
104	City (Business)		60	AN	City or locality name in which the facility/site is physically located.	True
105	ZIP Code (Business)	5- digit ZIP Code or 5- digit ZIP Code, a dash, and 4 digits (ZIP+4). First digit must be a 9.	10	AN	A valid, California ZIP code for the facility/site.	True

## 2. Business Owner/Operator Identification

ID	ELEMENT	CODES/CRITERIA	LENGTH	TYPE	INFORMATION DESCRIPTION	CERS MINIMALLY REQUIRED FIELDS
1	Facility ID Number		13	AN	A facility identifier assigned by the local regulator supporting cross-linking of CERS and local data system records. Because CUPAs do not consistently apply the original regulatory definition of this field (2 AN county 3 AN jurisdiction 6 AN facility number), CERS accepts any alphanumeric string up to 13 characters. The original regulator goals of this field are fulfilled through the CERS ID and CERS System Field "FacilityRegulatorKey" (20.0084).	False
1a	CERS ID	Cal/EPA assigned, 8- or 9- digit ID assigned to a specific facility that never has leading zeroes (begins at 10000001). Cal/EPA does not anticipate using 9- digit CERS IDs until the year 2020 or beyond.	9	N	A CERS ID is a Cal/EPA-assigned, 8- or 9- digit ID to uniquely identify a facility in CERS. The CERS ID should remain unchanged across different owners/operators of a facility.	False
3	Business Name		70	AN	Full legal name of business.	True
100	Beginning Date	YYYY-MM-DD	10	D	365 days before your next regularly scheduled submittal date as set by your local CUPA. Note for new facilities:	False

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					this start date may be less than 365 days.	
101	Ending Date	YYYY-MM-DD	10	D	The next regularly scheduled submittal date as set by your local CUPA. The intent is that fields 100 and 101 identify a 365 day period where the submittal is valid, or less for a new facility that starts less than 365 days before their next regularly scheduled submittal date.	False
102	Business Phone	Area code + 7 digit phone number + extension	25	AN	Phone number of this site.	True
102a	Business Fax	Area code + 7 digit phone number + extension	17	AN	Fax number of this site.	False

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105a	County ID	1 = Alameda 2 = Alpine 3 = Amador 4 = Butte 5 = Calaveras 6 = Colusa 7 = Contra Costa 8 = Del Norte 9 = El Dorado 10 = Fresno 11 = Glenn 12 = Humboldt 13 = Imperial 14 = Inyo 15 = Kern 16 = Kings 17 = Lake 18 = Lassen 19 = Los Angeles 20 = Madera 21 = Marin 22 = Mariposa 23 = Mendocino 24 = Merced 25 = Modoc 26 = Mono 27 = Monterey 28 = Napa 29 = Nevada 30 = Orange 31 = Placer 32 = Plumas 33 = Riverside 34 = Sacramento 35 = San Benito 36 = San Bernardino 37 = San Diego 38 = San Francisco 39 = San Joaquin 40 = San Luis Obispo 41 = San Mateo 42 = Santa Barbara 43 = Santa Clara 44 = Santa Cruz 45 = Shasta 46 = Sierra 47 = Siskiyou 48 = Solano 49 = Sonoma 50 = Stanislaus 51 = Sutter 52 = Tehama 53 = Trinity 54 = Tulare 55 = Tuolumne 56 = Ventura 57 = Yolo 58 = Yuba		N	Provide the County ID of the county the facility is physically located in.	True
106	Dun & Bradstreet	Nine digit DUNS number with no dashes, e.g., 123456789.	9	N	Dun & Bradstreet D-U-N-S number for facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or via the Internet.	False

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107	SIC Code	Standard Industrial Classification (SIC) Code 4 digit number	4	N	Standard Industrial Classification (SIC) Code number for primary business activity. Provide 4 digits, including leading zeroes.	False
107a	NAICS Code	North American Industrial Classification System (NAICS) Number	6	N	Standard for use by Federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S. Will replace SIC Code.	False
108a	Business Mailing Address		70	AN	Mailing address of facility	True
108b	Business Mailing Address City	City for business mailing address.	60	AN	City portion of facility's mailing address.	True
108c	Business Mailing Address State	Valid 2-letter US State Postal Code, 2-letter Canadian Post Province/Territory Abbreviation, or can be left blank for international addresses if Country field is not "United States" or "Canada."	2	AN	US state or Canadian province/territory postal code of Business mailing address.	False
108d	Business Mailing Address ZIP Code	US state or Canadian province/territory postal code of Business mailing address.	10	AN	ZIP Code (or international postal code) for business mailing address.	False
109	Business Operator Name		80	AN	First and Last Name of business operator	True
110	Business Operator Phone	Area code + 7 digit phone number + extension	25	AN	Phone number of business operator.	True
111	Business Owner Name		80	AN	First & Last name of business owner.	True
112	Business Owner Phone	Area code + 7 digit phone number + extension	25	AN	Phone number of business owner.	True
113	Business Owner Mailing Address		70	AN	Mailing address of owner.	True
114	Business Owner City	City for business owner mailing address.	60	AN	City for owner's mailing address.	True

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115	Business Owner State	Valid 2-letter US State Postal Code, 2-letter Canadian Post Province/Territory Abbreviation, or can be left blank for international addresses if Country field is not "United States" or "Canada."	2	AN	US state or Canadian province/territory postal code of Owner's mailing address.	False
116	Business Owner ZIP Code	5- digit ZIP Code, 5-digit ZIP Code with dash and plus-four code, or blank permitted for non-US/Canadian addresses which do not use/include a postal code.	10	AN	ZIP code (or international postal code) for owner's mailing address.	False
116a	Business Owner Country	Specify the full country name as shown in the USPS International Mail Manual. If no country is provided, the value will default to "United States".	45	AN	The Business Owner's Country.	False
117	Environmental Contact Name		80	AN	Name of person, if different from the business owner/operator, who receives all environmental correspondence and will respond to enforcement activity.	True
118	Environmental Contact Phone	Area code + 7 digit phone number + extension	25	AN	Phone number of environmental contact.	True
119	Environmental Contact Mailing Address		70	AN	Mailing address for all environmental contact correspondence.	True
119a	Environmental Contact Email Address	Valid email address	254	AN	Emailing address for all environmental contact correspondence.	False
120	Environmental Contact City		60	AN	City for environmental contact's mailing address.	True
121	Environmental Contact State	Valid 2-letter US State Postal Code, 2-letter Canadian Post Province/Territory Abbreviation, or can be left blank for international addresses if Country field is not "United States" or "Canada."	2	AN	US state or Canadian province/territory postal code of Environmental Contact's mailing address.	False
122	Environmental Contact ZIP Code	5- digit ZIP Code, 5-digit ZIP Code with dash and plus-four code, or blank permitted for non-US/Canadian addresses which do not use/include a postal code.	10	AN	ZIP code (or international postal code) for environmental contact's mailing address.	False

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122a	Environmental Contact Country	Specify the full country name as shown in the USPS International Mail Manual. If no country is provided, the value will default to "United States".	45	AN	Environmental Contact's Country.	False
123	Primary Emergency Contact First & Last Name		80	AN	First & Last Name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.	True
124	Primary Emergency Contact Title		50	AN	Title of primary emergency contact.	True
125	Primary Emergency Contact Business Phone Number	Area code + 7 digit phone number + extension	25	AN	Business phone number of primary emergency contact.	True
126	Primary Emergency Contact 24-Hour Phone	Area code + 7 digit phone number + extension	25	AN	Phone number for primary emergency contact which is answered 24 hours a day and, if not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated individual.	True
127	Primary Emergency Contact Pager Number	Area code + 7 digit phone number + extension	25	AN	Pager phone number for primary emergency contact, if available.	False
128	Secondary Emergency Contact Name		80	AN	Name of secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.	False
129	Secondary Emergency Contact Title		50	AN	Title of secondary emergency contact.	False
130	Secondary Emergency Contact Business Phone	Area code + 7 digit phone number + extension	25	AN	Business phone number of secondary emergency contact.	False
131	Secondary Emergency Contact 24-Hour Phone	Area code + 7 digit phone number + extension	25	AN	Phone number for secondary emergency contact which is answered 24 hours a day and, if not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated	False

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					individual.	
132	Secondary Emergency Contact Pager Number	Area code + 7 digit phone number + extension	25	AN	Pager phone number for secondary emergency contact, if available.	False
133	Additional Locally Collected Information	Narrative	255	AN	For local use only. This space may be used for CUPAs or agencies authorized by the Secretary pursuant to HSC 25404.3(f)(2) to collect any additional information necessary to meet the requirements of their individual programs. Contact local agency for guidance.	False
134	Date Identification Signed	YYYY-MM-DD	10	D	This field will auto populate the date the electronic submittal was started. The business user can manually overwrite this date with the date the submittal is being made.	False
135	Document Preparer Name (Identification)		80	AN	Full name of person who prepared the submittal information.	False
136	Name of Signer of Identification		80	AN	Full name of person signing the page. The signer certifies to a familiarity with the information submitted and that based on their inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.	False
137	Title of Signer of Identification		50	AN	Title of person signing the page.	False
140	Billing Contact Name		80	AN	Name of contact who should receiving billing-related questions and correspondence.	True
141	Billing Contact Phone		25	AN	Business phone of billing contact.	True
142	Billing Contact Email Address	Valid email address	254	AN	Email address for all billing-related information.	False
143	Billing Address		70	AN	Mailing address for billing-related correspondence.	True
144	Billing Address City		60	AN	City portion of mailing address for billing-related correspondence.	True
145	Billing Address State	Valid 2-letter US State Postal Code, 2-letter Canadian Post Province/Territory Abbreviation, or can be left blank for international addresses if Country field is not "United States" or "Canada."	2	AN	US state or Canadian province/territory postal code of Billing Address.	False

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146	Billing Address ZIP Code	5- digit ZIP Code, 5-digit ZIP Code with dash and plus-four code, or blank permitted for non-US/Canadian addresses which do not use/include a postal code.	10	AN	ZIP Code (or international postal code) for billing-related correspondence.	False
147	Billing Address Country	Specify the full country name as shown in the USPS International Mail Manual. If no country is provided, the value will default to "United States".	45	AN	Billing Address Country.	False
170	Assessor Parcel Number	APN formats are assigned by each County and are not standardized statewide.	15	AN	Assessor Parcel Number (APN) for the facility's physical location. This is not a required field unless specifically requested by the local regulator.	False
171	Number of Employees		9	N	Number of employees working at the facility. This is not a required field unless specifically requested by the local regulator.	False
172	Property Owner Name		80	AN	First & Last name of facility's property owner. This is not a required field unless specifically requested by the local regulator.	False
173	Property Owner Phone	Area code + 7- digit phone number + extension	25	AN	Business phone of facility's property owner. This is not a required field unless specifically requested by the local regulator.	False
174	Property Owner Mailing Address		70	AN	Mailing address of facility's property owner. This is not a required field unless specifically requested by the local regulator.	False
175	Property Owner City		60	AN	City portion of mailing address of facility's property owner. This is not a required field unless specifically requested by the local regulator.	False
176	Property Owner State	State portion of the mailing address of facility property owner. This is not a required field unless specifically requested by the local regulator. Valid 2-letter US State Postal Code, 2-letter Canadian Post Province/Territory Abbreviation, or can be left blank for international addresses if Country field is not "United States" or "Canada."	2	AN	State portion of the mailing address of facility property owner. This is not a required field unless specifically requested by the local regulator.	False

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177	Property Owner ZIP Code	5- digit ZIP Code, 5-digit ZIP Code with dash and plus-four code, or international postal code. Blanks permitted for non-US/Canadian addresses which do not use/include a postal code.	10	AN	ZIP Code (or international postal code) for business owner address. This is not a required field unless specifically requested by the local regulator.	False
178	Property Owner Country	Specify the full country name as shown in the USPS International Mail Manual. If no country is provided, the value will default to "United States".	45	AN	Property Owner's Country. This is not a required field unless specifically requested by the local regulator.	False