Spill Prevention Control & Countermeasure Plan

And

Contingency Plan and Emergency Response

Jacksonville Facility

CLIFF BERRY, INC. (CBI)

SPILL PREVENTION CONTROL & COUNTERMEASURE PLAN (SPCC)

AND

CONTINGENCY PLAN AND EMERGENCY PROCEDURES

JACKSONVILLE FACILITY

1518 Talleyrand Avenue, Jacksonville, Florida 32206

EPA ID Number: FLR000119784

Location: Latitude 30° – 20' – 34" North Longitude: 81° – 37' – 53" West

Telephone Numbers:	**Jacksonville Facility**	**(904) 356-5516**
	24 Hour Emergency Response	**(800) 899-7745**
	Fort Lauderdale (Main Office)	**(954) 763-3390**
Mailing Address:	**PO Box 13079, Fort Lauderdale, FL 33316**	
Responsible Person:	**Cliff Berry II CEO**	**Qualified Individual (QI)**
	Jay Smothers – Facility Manager (cell)	**(904) 813-0922**

Plan No. _____

JACKSONVILLE FACILITY
SPCC AND CONTINGENCY PLAN
DISTRIBUTION LIST

PLAN NO.	ENTITY
1	Northeast Florida Regional Council
2	City of Jacksonville Environmental Quality Division
3	Duval County Sheriff's Office
4	Duval County Fire Department
5	Baptist Medical Center
6	Jacksonville Facility Copy
7	Cliff Berry II (CBI)
8	Steve Collins (CBI)

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16. Biomedical Waste Operating Plan

- Training for Personnel
- Definition, identification and segregation of biomedical waste
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- Procedure for decontamination biomedical waste spills
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Record of Changes

Change No.	Date of Change	Section	Description of policy	Initials
1	2.8.18	2	Tank farm inspection stamp added	RSC
2	2.8.18	7	Updated materials list and provided reference to site map location in Sec. 9	RSC
3	2.8.18	8	Added two trainings to the bulleted list.	RSC
4	2.8.18	9	Added DEP DRF and IRF forms	RSC
5	2.8.18	11	Clarified language in “Fire and Explosion”, added new table describing F.E. capabilities and added F.E. map.	RSC

Note: Make all changes upon receipt.

CERTIFICATION OF SPCC PLAN

CERTIFICATION

I hereby certify and attest that I am familiar with this facility and the information contained in this plan; that to the best of my knowledge and belief such information is true, complete and accurate. Also, the plan submitted has been prepared in accordance with good engineering practices.

DEZIS Bardales 6/6/2022

Name, Date, Signature & Seal of Professional Engineer

Approval

This Spill Prevention Control and Countermeasure Plan (SPCC) is hereby approved for implementation.

Cliff Berry, II

cliff Berry II

~~Name~~ **of Responsible Officer**

Signature

Cliff Berry, II CEO

~~Signature~~ **of Responsible Officer**

Name

CEO

cliff Berry II

Title of Responsible Officer

CLIFF BERRY, INC. – JACKSONVILLE FACILITY

SPILL PREVENTION CONTROL AND COUNTERMEASURES PLAN (SPCC)

AND

CONTINGENCY PLAN AND EMERGENCY PROCEDURES

EPA REGULATIONS FOR STORAGE TANK PERIODIC INTEGRITY TESTING
PER 40 CFR 112.7(d)

1. The three (3) shop erected above ground storage tank (AST) are located within concrete secondary containment. The above referenced tanks are visually inspected daily by facility personnel for integrity and leakage during normal facility operations. The above reference ASTs were inspected and certified by a professional engineer at the time of their installation in 2008. The next inspection and certification by CBI's professional engineer will be performed in 2018.

2. All facility valves and piping are above ground and located within concrete secondary containment. The above referenced valves and piping are visually inspected daily by facility personnel for integrity and leakage during normal facility operations.

INTRODUCTION

The Jacksonville Facility is owned by C-2 Holdings and operated by Cliff Berry, Incorporated (CBI). It is located at: 30º 20' 34" North Latitude and 81º 37' 53" West Longitude. The facility has a local address of 1518 Tallyrand Avenue, Jacksonville, FL 32206.

The person in charge of the facility is the Facility Manager who is noted in Section 9 and who resides in the Jacksonville area. The Facility Manager can be reached twenty-four (24) hours a day at 1-800-899-7745. The facility may be opened twenty-four (24) hours a day seven (7) days a week as needed.

The site of this facility which covers 3.4 acres is shown in Figure No. 1 (Mapquest location) and No. 2, 3 & 4 (one line sketch). The terrain is relatively flat.

The Jacksonville Facility has incorporated secondary containment in all areas where during normal operations there is a reasonable potential for an oily wastewater spill.

Details of tank size and contents are shown in Table 1 in Section 3.

During normal operations, all products are received from trucks.

1. Spill Events:

This facility was originally constructed in 2006 and previous spill events are as follows:

No spill events have taken place at the facility within the past twelve (12) months.

2. Prediction of Spill Behavior:

(a) A spill from any of the bulk storage tanks would be contained in the diked area.

(b) Any spill from drums stored on the concrete containment area, would be contained in the diked area and pumped out for reclamation and/or disposal at an approved site.

3. Bulk Storage Tanks:

The materials and design of the bulk storage tanks are compatible with the product they hold. A tank integrity inspection will be made of each tank daily and records will be kept of the results of inspections in logbooks. All above ground tanks, their foundations and supports will be visually inspected daily during routine operations. Each above ground storage tank's contents are measured manually, checked for over fill protection each time the tank is filled. Records of

contents are maintained on site. Also, gaskets, pumps, lines, are inspected daily by personnel. Any leakages are reported and recorded.

4. Inspection Records:

Inspection, their frequency and records are maintained as follows:

Inspection/Test	Frequency	Record
Tank integrity (visual)	Daily	Yes
Tank supports & foundations (visual)	Daily	Yes
Liquid sensing device's	Daily	Yes
Above ground valves, pipe & fittings (visual)	Daily	Yes
Corrective Actions	As required	Yes

Inspections may be recorded by using one or more of the applicable rubber stamps in the subject year logbook, to wit:

TANK FARM INSPECTION

□ Communications/Alarms
□ Fire Ext./Fire Hydrant
□ Decontamination Equip.
□ Safety & Security Signage
□ Security Surveillance
□ Facility Lighting
□ Tank Integrity
□ Tank Supports & Foundations
□ Liquid Sensing Devices
□ Above Ground Valves, Pipe & Fittings

Inspected By _____

ON SHORE STORAGE TANK FARM AND TRUCK LOADING FACILITY

On Shore Storage Tank Farm & Truck Loading Facility

Cliff Berry, Inc.'s waste oil storage tank farm and truck loading facility is located at 1518 Talleyrand Avenue, Jacksonville, FL 32206. Cliff Berry, Inc.'s mailing address is PO Box 13079, Fort Lauderdale, Florida 33316.

All storage tanks have been individually inspected and repaired where applicable and evaluated for their suitability to store the oily waste water collected from a materials and construction point of view. In addition, containment for the tank facilities are designed to contain the contents for the largest tank plus ten percent (10%). There are no known below ground storage tanks at the Jacksonville Facility. Details of tank size and contents are shown in Table 1.

Dikes, Berms or Retaining Walls Sufficiently Impervious to Contain Spilled Oil:

Cliff Berry, Inc.'s oily used oil horizontal tank facility is contained by a concrete wall approximately two feet six inches (2'6") high by eight (8) inches in thickness; secondary containment is provided by 8 inches thick impervious concrete slab located within the concrete containment wall. All storage tanks used for used oil storage and oily water storage are anchored to the concrete pad within the retaining wall.

Curbing:

A concrete slab is also located outside the tank farm, in the truck unloading area. The slab is sloped inward toward the retaining wall and also has a slight curb to it in order to prevent run off of spilled material (minimal spills.)

Culverting, Gutters or Other Drainage Systems; Sumps:

The tank farm has two (2) concrete impervious sumps. One sump is located inside the retaining wall and one is located within the sloped concrete pad at the truck unloading area. Should a spill occur this sump would be used to catch spilled materials.

Spill Diversion Ponds:

Cliff Berry, Inc. has no spill diversion ponds at this facility.

Retention Ponds:

Cliff Berry, Inc. has no spill retention ponds at this facility.

Sorbent Materials:

Note: see equipment and sorbent list.

Spill and Rainwater Disposal:

Cliff Berry, Inc. maintains a fleet of vacuum and pump trucks as well as mobile frac tanks and also tanker trailers. Should a spill occur at our facility this equipment would be used for recovery, storage and transportation of spilled material to an approved disposal site.

Visual Inspection:

All storage tanks, foundations and structural supports will be visually inspected by operating personnel as part of everyday operations. Upon the first indication of any degradation the necessary and appropriate action will be taken to correct the problem. Records of visual inspections will be maintained both at the facility and communicated to line management for review and incorporation in the operating files.

Fail Safe Operation:

Consideration has been given to “Fail Safe” operation where applicable. The receiving tanks (atmospheric storage) are equipped with high-level sensors that are engineered to sound an alarm prior to inadvertently over filling during discharges from tanker trucks. During transfer operations personnel will physically monitor levels in applicable tanks and be equipped with radios to communicate level status to plant operators. Level sensors and communication equipment will be tested periodically and repaired as required. Spare parts in sufficient quantity will be maintained as recommended by the manufacturers.

Safe Vehicle Operation:

Operators of vehicles entering the facility will have been trained in safe vehicle operation and have experience at other similar operating tank farms facilities. Warning signs will be posted where appropriate. There is minimum probability of damage to above ground piping. Operators will be trained in loading/unloading procedures to preclude spills and containment has been provided in this area.

Security Response

The facility is fully fenced and gates are locked. During off hours, Operations personnel are maintained in an On-Call status in the event they are needed to respond to any condition requiring their response.

Storage Tanks and Piping Inspections

All storage tanks, piping, joints, valve glands and bodies, pipeline supports, metal surfaces and other above ground equipment and facilities for holding oil and water will be visually checked by each employee as they pursue their daily work. Any and all

discrepancies will be reported immediately to the supervisor. Additionally, an entry will be made in the record of any discrepancy and the corrective action taken.

A DETAILED AND SPECIFIC VISUAL CHECK OF THE ENTIRE FACILITY WILL BE MADE ON THE FIRST WORKING DAY OF EACH MONTH. RECORDS OF THESE INSPECTIONS WILL BE MAINTAINED ON-SITE.

Table #1

Tank #	Date Installed	Size in Gallons (compartmented tank in parenthesis)	Material of Construction	Products
01	2020	5,000	Steel	Used Oil
02	2020	10,000	Steel	Used Oil
03	2020	10,000	Steel	Used Oil
04	2020	10,000	Steel	Used Oil
05	2020	10,000	Steel	Used Oil
06	2020	12,000	Steel	Oily Water
07	2020	25,000	Steel	Oily Water
08	2020	8,000	Steel	PCW
09	2020	12,000	Steel	Oily Water
10	2020	25,000	Steel	Oily Water

SECURITY AT FACILITY

The Cliff Berry, Inc. facility is fully fenced and the entrance gates are locked when the plant is not in use or unattended

The Duval County Sheriff's Department patrols the facility twenty-four (24) hours a day, seven days a week.

Facility lighting is maintained and changes have been made where applicable to enhance visibility during hours of darkness enabling greater awareness of operations and the added prevention of acts of vandalism.

SPILL RESPONSE

Should a spill happen at Cliff Berry, Inc.'s facility, the qualified individual (Primary Emergency Coordinator) or alternate qualified individual (Back-up Emergency Coordinator) will initiate the following: (See section 9 for contact information)

Emergency Spill Response Procedure

Immediate steps for drivers and facility technicians:

- Stay with the vehicle until help arrives
- Use emergency numbers in spill plan to contact line management
- Keep the public away
- Dike off or boom liquids from entering sewers, storm sewers or water ways, follow emergency plans for further containment

Emergency Response Plan

This practical emergency response plan is designed to provide a guide to appropriate actions in the event of a spill. The most important is to remain calm and try to get the situation under control as soon as possible.

- Do not panic, remain calm. If you or anyone else is hurt or incapacitated, call for medical assistance.
- Evaluate the degree of contamination to the facility and estimate the number of gallons spilled.
- Pump liquid back into one of the standby storage tanks
- Do you best to dike ahead of the spill to prevent oil from entering sewers and water ways.

Spill Containment Procedures:

Spills on pavement:

Call for booms and pads in amounts appropriate for the spill. Use booms to contain spill by wiping them in a circular motion. Use vac to skim to remove oil. If spill is too large for booms:

- Call for sorbents and sand, and contain spreading oil by using sand or Oil Dri to encircle the spill.
- Call for a vac truck, visqueen and backhoe. Remove oil-soaked sand and place on plastic visqueen and cover sand with additional visqueen to prevent rain from spreading oil. Stream or power flush pavement or concrete to remove residue.

Spills on soil:

Call for earth moving equipment (loader, backhoe, dump truck) and sand. Determine direction of oil flow and excavate an area for the oil to flow into. Around the spill contain oil with sand berm. Pump liquid oils to truck. Prepare a plastic tarp and sand berm on an area of clean ground. Remove oil soaked soil to visqueen while making sure that soil is contained by visqueen and berm. Have backhoe remove one foot below the surface of spill, or until visually clean. Call for further assistance to remove soil for treatment. Also, use OVA meter and analysis to determine further removal.

Remove Oil Soaked Sorbent Material:

Place oiled sorbent material in double, heavy gauge plastic bags. Management will have these picked up and legally disposed of at an appropriate facility. Do not make bags heavier than approximately 40 pounds each.

SECURITY ON SPILLS

During a large oil spill when thousands of dollars of clean up equipment is in use or stored at various locations throughout the clean up area, one must establish security over this equipment during the very early stages of the spill. Some of the steps that can be taken to reduce theft and vandalism are shown in the checklist below:

Checklist

- Contact a security company to provide guards where equipment is being stored and maintained. Make sure these guards can communicate with the Command Center at all times.
- Contact a fence company to provide fenced security areas for equipment.
- Local police departments can help in providing security, with off duty officers.
- Establish equipment and clothing distribution areas so personnel and equipment can be checked in and out.
- To ensure secure operations provide toilets and waste disposal facilities in decontamination and food serving areas.
- Establish First Aid kits or First Aid facilities throughout the clean-up area. Consider hiring off duty nurses to attend to general first aid treatment cases. They would also be qualified to determine when and if a person requires additional or more intense medical treatment.
- Provide lighting for security, decontamination, and equipment storage areas. Make sure that clean-up contactors and other involved personnel are provided adequate lighting at night.
- Issue temporary identification badges to all personnel involved in the clean-up operation. Insure custody control procedures are established for I.D. badges, so they will not fall into the wrong hands.
- As soon as possible, establish a claims office to handle the daily complaints for shoreline damage, boat damages, and many other claims which are made during the spill. This claims office should be near the spill site, but NOT near the Command Center.
- Establish a “Right Away” person who can make arrangements to access private property to support the clean-up.
- Establish sign out and return procedures for tools and consumables.
- Assign a key person to monitor all contractor activities regarding people, equipment in use, and hourly accounting.
- Assign security personnel to report safety infractions in the work place directly to the OSC at the Command Center.

Note: It is very important that adequate communications equipment is readily available for security and related operations.

MATERIALS

1.0 – Materials

1.1 The emergency response materials may be assembled from the list provided below and located as shown on the site map in Section 9.

SPC OIL SORBENT						
NAME	**SIZE**	**PACKING**	**QTY**	**CAPABILITIES**	**PHYSICAL DESCRIPTION**	**LOCATON**
SPC 100 Pads	17" x 19" x 3/8"	100 Pads/Bale	40	Absorbs oil, not water	Cloth-like sheet	Spill kit
SPC 200 Pads	17" x 19" x 3/16"	200 Pads/Bale	120	Absorbs oil, not water	Cloth-like sheet	Spill kit or Storage
SPC 50 Pads	34" x 38" x 3/8"	50 Pads/Bale	40	Absorbs oil, not water	Cloth-like sheet	Spill kit or Storage
SPC 810 Boom	10' x 8"	4 Booms/Bale	70	Absorbs oil, not water, floats	Tubular "sausage" 10 foot long and 8 " thick mesh covered boom	Spill kit or Storage
SPC 510 Boom	10' x 5"	4 Booms/Bale	50	Absorbs oil, not water, floats	Tubular "sausage" 10 foot long and 5 " thick mesh covered boom	Spill kit or Storage
SPC 5110 Boom	10' x 5" (DBL Boom)	4 Booms/Bale	5	Absorbs oil, not water, floats	Tubular "sausage" 10 foot long and 5 " thick mesh covered boom, doubled up	Spill kit or Storage
SPC 10 Pillow	14" x 25"	10 Pillows/Bale	15	Absorbs oil, not water, floats	Pillow	Spill kit or Storage
SPC 1900 Sweep	17" x 100'	1 Sweep/Bale	80	Absorbs oil, not water, floats	A roll of absorbent pad stitched to long band	Spill kit or Storage
SPC 150 Blanket	38" x 144' x 3/8"	1 Blanket/Bale	20	Absorbs oil, not water, floats	Looks like a long roll of spill pads	Spill kit or Storage
SPC 152 Blanket	19" x 144' x 3/8"	2 Blankets/Bale	10	Absorbs oil, not water, floats	Looks like a long roll of spill pads	Spill kit or Storage
SPC 27 Particulate		1 Bag/Bale	5	Granules absorb oil not water	Looks like grey granules	Spill kit or Storage

SORBENT INDUSTRIAL RUG & SUPER SIR						
NAME	**SIZE**	**PACKING**	**QTY**	**CAPABILITIES**	**PHYSICAL DESCRIPTION**	**LOCATON**
Sir 36 Rug	36" x 300'	1 Rug/Bale	10	Absorbs oil, not water, floats	Looks like a long roll of spill pads	Spill kit or Storage
Sir 18 Rug	18" x 300'	2 Rugs/Bale	15	Absorbs oil, not water, floats	Looks like a long roll of spill pads	Spill kit or Storage
Sir 001 Pads	18" x 18"	100 Pads/Bale	10	Absorbs oil, not water	Cloth-like sheet	Spill kit

COBRA COIL						
NAME	**SIZE**	**PACKING**	**QTY**	**CAPABILITIES**	**PHYSICAL DESCRIPTION**	**LOCATON**
CC 400 Coils	3" x 48" Long	12 Coils/Box	15	Absorbs oil, not water, floats	Tubular "sausage" 10 foot long and 8 " thick mesh covered boom	Spill kit or Storage

SPC UNIVERSAL PLUS						
NAME	**SIZE**	**PACKING**	**QTY**	**CAPABILITIES**	**PHYSICAL DESCRIPTION**	**LOCATON**
UN 915 Pillow	9" x 15"	16 Pillows/Bag	10	Absorbs oil, not water, floats	Pillow	Spill kit or Storage
Oil Snare		1 Snare/Box	25	Absorbs oil, not water, floats	Absorbent "pom-poms" knotted on a line	Spill kit or Storage
Plastic Sheeting	20' x 100'	1 Roll/Box	5	Barrier to passage of oily materials to the environment	Clear sheet of plastic	Spill kit or Storage
Plastic Bags		Bags	2000	Contain oil soaked materials	Flexible plastic formed in the shape of a bag	Spill kit or Storage
Steel overpack drums	65 gallon	Drum	10	Contain oil soaked materials	Steel drum	Spill kit or Storage
Poly overpack drums	65 gallons	Drum	5	Contain oil soaked materials	Plastic drum	Spill kit or Storage
Open head steel drum	55 gallon	DOT approved Drum	50	Contain oil soaked materials	Steel drum	Spill kit or Storage
Coveralls, Tyvek	Assorted		100	Splash protection clothing	Lightweight coveralls, zipper front	Spill kit or Storage
Coverall, Saranyx	Assorted		50	Splash protection clothing	Lightweight coveralls, zipper front	Spill kit or Storage
Respirator cartridges	Assorted	Pair	100	Respiratory protection	Canister containing absorbent material	Spill kit or Storage
Rubber boots (heavy duty)	Assorted	Pair	50	Foot protection	Rubber boots	Spill kit or Storage
Rubber gloves (heavy duty)	Assorted	Pair	200	Hand protection	Rubber gloves	Spill kit or Storage
Water soluble industrial cleaning fluid		Gallons	55	Washing liquid	Soap	Spill kit or Storage
Industrial solvent		Gallons	55	Washing liquids	Solvent	Spill kit or Storage
Industrial scrub brushes			15	Washing tool	Scrub brush	Spill kit or Storage
Industrial squeegees			10	Cleaning tool	Squeegee	Spill kit or Storage
Dip nets (spill equipment)			30	Remove materials from water	Fine mesh attached to a loop with a long handle	Spill kit or Storage
Tyvek hoods			100	Head protection	Tyvek fabric hood to cover the head	Spill kit or Storage
Shoe covers		Pair	25	Foot protection	Foot coverings similar to a bootie	Spill kit or Storage

PERSONNEL TRAINING AND DRILLS

Operating personnel will be instructed in the proper operation and maintenance of equipment to prevent the discharge of oil and applicable pollution control rules and regulations, including but not limited to:

- Fla. Stat. Chapter 403; § 403.031(12); § 403.061; § 403.088; § 403.121; § 403.131; § 403.161(1)(a), (b); § 403.182; § 403.412; § 403.413; § 403.855
- Fla. Stat. § 373.400 series (Part 4); § 373.430(1)(a), (b)
- Fla. Stat. § 386.041(1)
- Fla. Stat. § 387.07, 08
- Regulations at F.A.C. 62-65
- Used oil regulations and hazardous waste regulations found in Chapter 62-710, F.A.C, Chapter 62-730, F.A.C., Chapter 62-762, F.A.C., 40 CFR 112 and 40 CFR 279.
- DOT hazardous materials training found in 49 CFR 100-185

Operating personnel will receive spill prevention briefings at intervals frequent enough to assure adequate understanding of this SPCC Plan typically, annually.

The training of all appropriate operating personnel (managers, supervisors and field technicians) in the prompt and effective response to an oil spill incident is an important aspect of Cliff Berry Inc.'s oil spill preparedness. Training is intended to assure that all personnel clearly understand the contents of this plan and their respective roles. Training includes periodic familiarization with the plan and training commensurate with their responsibilities to prepare them in carrying out their job responsibilities in a prompt and efficient fashion. Employees with USDOT responsibilities receive hazardous materials training at least every three years.

Since Cliff Berry Inc. also offers a contract service of twenty-four (24) hour oil spill response, all response personnel (managers, supervisors and field technicians) receive invaluable on the job training responding to real spill events. This practical application of oil spill mitigation techniques supplements OSHA mandated HAZWOPER training.

In addition to the above training, CBI has elected to implement the National Preparedness for Response Exercise Program (PREP) to satisfy exercise requirements under the Oil Pollution Act of 1990 (OPA-90). The PREP is a unified federal effort that incorporates the exercise requirements of the U.S. Coast Guard (USCG), the Environmental Protection Agency (EPA) and the Research and Special Programs Administration (RSPA) Office of Pipeline Safety and the Department of Transportation.

The following pages outline the training and drill plans for Cliff Berry, Inc.

CBI PERSONNEL TRAINING REQUIREMENTS

ON AND OFF SITE EMERGENCY EVENT
(by 29 CFR 1910.120 & USDOT HazMat)

Training is dependent upon responsibilities and the level of response

1. First Responder Operations Level
(29 CFR 1910.120 (q)(6)(ii)

Personnel who respond to releases or potential releases of hazardous substances as part of the initial response to the site for the purpose of protecting nearby persons property, or the environment from the effects of the release are trained to respond in a definitive fashion without actually trying to stop the release. Their function is to contain the release from a safe distance, keep it from spreading and prevent exposures.

2. Hazardous Materials Technician
29 CFR 1910.120 (q)(6)ii)

Personnel who respond to releases or potential releases for the purpose of stopping the release assume a more aggressive role than a first responder at the operations level in that they approach the point of release in order to plug, patch or otherwise stop the release of a hazardous substance.

Personnel responding to an emergency off site receive at least 24 hours of training equal to the first responder operations level and have additional competencies as outlined in 29 CFR 1910.120 (q)(6)(iii)(A)-(I).

3. Hazardous Material Specialist
29 CFR 1910.120 (q)(6)(iv)

Personnel who respond with and provide support to hazardous material technicians have a more specific knowledge of the various substances they may be called upon to contain. They receive at least 24 hours of training equal to the technician level and have additional competencies as outlined in 29 CFR 1910.120 (q)(6)(iv)(A)-(I).

4. On Scene Incident Commander
29 CFR 1910.120 (q)(6)(V)

Personnel receive at least 24 hours of training equal to the first responder operations level and have additional competencies as outlined in 29 CFR 1910.120 (q)(6)(v)(A)-(F).

5. Refresher Training
29 CFR 1910.120 (q)(6)(I)

Personnel who are trained in accordance with paragraph (q)(6) shall receive annual refresher training of sufficient content and duration to maintain their competencies or shall demonstrate competency in those areas at least yearly.

6. USDOT Hazardous Materials
49 CFR 130, 172, 173 & 177

Personnel who are trained in accordance with the sections noted above shall receive refresher training of sufficient content and duration to maintain their competencies or shall demonstrate competency in those areas at least every three years.

POST-EMERGENCY CLEANUP
(OFF-SITE)

Personnel
OSHA Instruction CPL-2-2.5(11/05/99)

1. General and Occasional Site Workers
29 CFR 1910.120(e)(3)

For a high magnitude of risk job, 40 hours of initial training and three days of supervised field experience under the direct supervision of a trained, experienced supervisor. Annual 8 hour refresher training.

For a limited task or fully characterized area worker, 24 hours of initial instruction and the minimum of one day actual field experience under the direct supervision of a trained, experienced supervisor. Annual 8 hours of refresher training.

2. Management and Supervisor
29 CFR 1910.120(e)(4)

40 hours of initial training, three days of supervised field experience and at least eight additional hours of specialized training at the time of job assignment on such topics as, but not limited to the employer's safety and health program and the associated employee training program.

3. Refresher Training
29 CFR 1910.120(e)(8)

Personnel specified in 1. and 2. above shall receive 8 hours of refresher training annually and any critiques of incidents that have occurred in the past year that can serve as training examples of related work, and other relevant topics.

4. Equivalent Training
29 CFR 1910.120(e)(9)

Employers who can show by documentation or certification that an employee's work experience and/or training has resulted in training equivalent to the training required in 1 & 2 above, shall not be required to prove the initial training requirements. Employer shall provide a copy of the certification or documentation to the employee upon request.

POST-EMERGENCY ON SITE

1. Site Employees, Management and Supervision
29 CFR 1910.120 (q)(11)(ii)

Employees are trained according to 29 CFR 1910.38(a) emergency action plan; 1910.34 respiratory protection; 1910.1200 hazard communication and other training made necessary by the task.

2. Refresher Training
29 CFR 1910.38 (a)(5)(iii)(A)-(C)

Emergency plan training is required initially with the plan is developed, whenever the employee's responsibilities or designated actions under the plan change, or whenever the plan is changed.

29 CFR 1910.120(h)
Employers shall provide employees with information and training on hazardous chemicals in their work area at the time of initial assignment, and whenever a new hazard is introduced into their work area.

OPA 90
PREP TRIENNIAL DRILL SCHEDULE

Triennial Drills must include the following exercises: (1)

Terminal and Pipeline Drills

DRILL TYPE	FREQUENCY	DRILLS 3 YR PERIOD	AGENCY	INITIATING AUTHORITY
QI Notification	**Quarterly**	**12**	**USEPA, USCG RSPA (6)**	**Facility Response Team/OSRO (6)**
Response Team Notification	**Quarterly (3)**	**12 (5)**	**RSPA**	**Facility Response Team/OSRO**
Equipment Deployment	**Semi-Annual (4)**	**6 (1)**	**USEPA, USCG**	**Facility Response Team/OSRO**
Exercise Entire Response Plan	**All Components Every 3 years**	**1**	**USEPA, USCG RSPA**	**Facility Response Team/OSRO**

Corporate Response Team Drills

Table Top Exercise	**Annual**	**1**	**USEPA, USCG**	**Corporate Team/OSRO**
Unannounced Equipment Deployment	**When Announced**	**None**	**USEPA, USCG**	**Facility Team/OSRO**
Area Exercise	**When Announced**	**20 (2)**	**USEPA, USCG**	**Facility and/or Corporate Team/OSRO**

1. Three drills must be announced
2. 20 exercises total nationwide per year
3. One drill must include a worst case discharge scenario
4. Must have six months minimum lapse between exercises
5. Notification of response team applies to Facility Response Team or Prearranged Response Contractors
6. ORSO = Oil Spill Removal Organization
   USEPA = Environmental Protection Agency
   USCG = United States Coast Guard
   RSPA = Research and Special Programs Administration

FACILITY EMERGENCY

Name of Facility: Jacksonville Facility

Type of Facility: Oily Wastewater Transfer Facility

Location of Facility: 1518 Talleyrand Avenue
Jacksonville, FL 32206

Name and Address of Owner or Operator:

Name: Cliff Berry, Inc.

Address: PO Box 13079
Fort Lauderdale, FL 33316

Person accountable for spill prevention, emergency procedures, reporting and employee training.

Name: Cliff Berry II
Title: CEO

MANAGEMENT APPROVAL

The individuals designated as Primary Emergency Coordinator, or in the absence of the Primary Emergency Coordinator the Back-up Emergency Coordinators, are authorized to commit the resources needed to carry out this plan.

Signature

Name: Cliff Berry II
Title: CEO

Review and Update

This contingency plan will be reviewed, and immediately amended, if necessary, whenever:

1. Applicable regulations are revised,
2. The plan fails in an emergency,
3. The facility changes – in its design, construction, operation, maintenance, or other circumstances – in a way that materially increases the potential for fires, explosions, or releases of used oil, or changes the response capability in an emergency,
4. The list of emergency coordinators changes, or
5. The list of emergency equipment changes.

Emergency Response Arrangements

1.	Fire Department:	Duval County Fire Department
2.	Police Department:	Duval County Sheriff's Office
3.	Hospital:	Baptist Medical Center
4.	Emergency Response Contractor:	Cliff Berry, Inc.

EMERGENCY COORDINATORS

1. Primary Emergency Coordinator

Name: Jay Smothers

Title: Facility Manager

Address: 9397 Tramore Glen Ct
Jacksonville, FL 32256

Phone: Office: (904) 356-5516
Home: (904) 519-8085
Cell: (954) 813-0922

2. Back-up Emergency Coordinator

Name: Jon Sandora

Title: VP of Regional Operations

Address: 608 Florida Circle South
Apollo Beach, FL 33572

Phone: Office: (813) 626-6533
Home: (813) 299-8897
Cell: (813) 299-8897

3. Back-up Emergency Coordinator

Name: Steve Collins

Title: ESOH Director

Address: 4871 NE 2nd Ave.
Fort Lauderdale, FL 33334

Phone: Office: (954) 763-3390
Home: (415) 686-9202
Cell: (954) 594-3873

Jacksonville Facility Fax Number: (904) 356-5518

24 Hour Emergency Number: (800) 899-7745

Emergency Procedures – Responsibilities of the Emergency Coordinator or Designee

1. Activate the Facility alarm/communication system to notify all facility personnel by:
    a. Announce the emergency situation using cell phones.
    b. Notify facility personnel by word of mouth.

2. Notify appropriate State and Local Agencies with designated response roles if their help is needed. In the case of fire or explosion:
    a. Call 911 to notify the fire department.

3. Identify the character, exact source, amount and extent of any released materials. This may be done by observation, review of facility records or chemical analysis.

4. Assess possible hazards to human health of the environment that may result from the release, fire, or explosion. This assessment must consider both direct and indirect effects of the release, fire or explosion. If assessment indicates that evacuation of local areas may be advisable, immediately notify appropriate local authorities. Be available to help local authorities to decide whether local area should be evacuated.

5. Notify immediately the government official designated as the On Scene Coordinator (OSC) of the National Response Center using their twenty-four (24) hour toll free number (800) 424-8802. The report must include:
    a. Name and telephone number of person reporting,
    b. Name and address of the facility
    c. Time and type of incident (release, fire, etc.),
    d. Name and quantity of the material(s) involved,
    e. The extent of injuries, if any, and
    f. The possible hazards to human health or the environment outside the facility.

6. Take all reasonable actions necessary to ensure that releases, fires and explosions do not occur, recur, or spread to other used oil or waste at the facility.

7. After the emergency is over, provide for the recycling, storing or disposal of recovered material or material that results from a release, fire or explosion. In the affected area(s) of the facility make sure that no waste o used oil that may be incompatible with the release material is recycled, treated, stored or disposed of until clean-up procedures are completed. All emergency equipment listed in the contingency plan need to be

cleaned and fit for its intended use before operations are resumed.

8. Notify the Regional Administrator and appropriate State and Local Authorities that the facility is in compliance with 40 CFR part 279.52 before resuming operations in the affected area(s) of the facility.

9. Note in the operating record the time, date and detail of the incident that requires implementing the contingency plan.

10. Submit a written report within fifteen (15) days after the incident to the Regional Administrator. The report must include:
    a. Name, address and telephone number of the owner or operator,
    b. Name, address and telephone number of the facility,
    c. Date, time and type of incident (release, fire, etc.),
    d. Name and quantity of materials involved,
    e. The extent of injuries, if any,
    f. An assessment of actual or potential hazards to human health or the environment, where applicable, and
    g. Estimated quantity and disposition of recovered material that resulted from the incident.

Requirements for Notification

1. Name and telephone number of person making the notification

2. Name and address of the facility

3. Type and time of incident

4. Name and quantity of the material involved

5. The extent of injuries, if any

6. The possible hazards to human health or the environment outside the facility

7. The name and telephone number of the person or persons to be contacted for more information. See list of Emergency Coordinators in this section.

8. Wait for the other party to hang up – do not hang up first.

Emergency Contact Phone Numbers

1. Primary Emergency Contact Person – Jay Smothers ..... (904) 813-0922
   Office Phone: (904) 356-5516
   Office Address: 1518 Tallyrand Avenue, Jacksonville, Florida 32206
   Home Address: 3404 S.W. 9397 Tramore Glen Court, Jacksonville, Florida 32256
   Secondary Emergency Contact Person – Jon Sandora ..... (813) 299-8897
   Office Phone: (954) 763-3390 ext. 4001
   Office Address: 5218 Saint Paul St., Tampa, FL
   Home Address: 608 Florida Circle South ..... Apollo Beach, FL 33572
2. Fire 911
   Duval County Fire Department (904) 630-6522 ..... Emergency (904) 630-0434
3. Police 911
   Duval County Sheriff's Office ..... (904) 630-2100
4. Ambulance 911
5. Nearest Emergency Medical Facility

   American Care Medical Center…… (904) 506-4044
6. Nearest Hospital

   Baptist Medical Center, 800 Prudential Drive, Jacksonville, FL 32207 ..... (904) 202-2000
7. National Response Center ..... 1(800) 424-8802
8. Federal – U.S. EPA, Region IV ..... 1(404) 562-8357
9. State – Florida DEP ..... 1(904) 256-1700
   Emergency Response ..... 1(800) 320-0519
10. Local – Duval County Environmental Resource Management ..... (904) 630-3404
11. Chemtrec ..... 1(800) 424-9300
12. U.S. Coast Guard ..... Support Unit (904) 714-7558 and Pollution & Vessel Accid. (904) 714-7557
13. 3E Company ..... 1(800) 360-3220

Attached Notification Forms – the State of Florida Discharge Reporting Form (DRF) and Incident Notification Form (INF) (for AST) are preferred by the FDEP when notifying the state. See attached.

GENERAL RESPONSIBILITIES

Personnel Assignments

A. Coordinator (Emergency Coordinator)
    a. Jay Smothers (Leader)
    b. Jon Sandora (Back-up)
    c. Steve Collins (Back-up)

B. Communications
    a. Jon Sandora (Leader)
    b. Jay Smothers (Back-up)
    c. Steve Collins (Back-up)

C. Evacuation
    a. Jay Smothers (Leader office)
    b. Jon Sandora (Back-up office)

D. Emergency Situation
    a. Emergency assessment
        i. Jon Sandora (Leader)
        ii. Jay Smothers (Back-up)
        iii. Steve Collins (Back-up)

    b. Spill containment
        i. Jon Sandora (Leader)
        ii. Jay Smothers (Back-up)
        iii. Steve Collins (Back-up)

E. Emergency Team
    a. Fire fighting and spill containment
        i. Jon Sandora
        ii. Jay Smothers

F. First Aid
        i. Jon Sandora
        ii. Jay Smothers

Description of Personnel Assignments

A. Emergency Coordinator: Assess all possible hazards for severity. Responds to, coordinates and aids in remediation of all hazards. Coordinates all evacuation and return to normal operation. In the event the Communication Leader is out of the office the coordinator's first back-up becomes the Communication Leader.

B. Communication Leader: Responsible for informing the office and plant personnel of hazards. Informs the evacuation leaders of need to evacuate. Informs the main office of the situation. Handles media communication in the event that the Emergency Coordinator is out of the office, then the Communication Leader becomes the Emergency Coordinator.

C. Evacuation Leader: Responsible for guiding personnel to staging area. Makes sure that all personnel are out of the office in an evacuation. Assists coordinator in his/her tasks. Conducts head count at the staging area.

D. First Aid Provider: Responsible for cardio pulmonary resuscitation and first aid to employees in the case of accidents.

FIRE RESPONSE

Fire Control Systems and Equipment

1. All plant operational personnel have cell phones so that they are in constant communication with each other at all times.

2. Fire control equipment consists of:
    a. Numerous fire extinguishers are located around the plant and property. They are inspected and certified (tagged) on an annual basis.

Emergency Procedures

Fire

1. Upon initial sighting, notify all personnel via cellular phones and notify Fire Department immediately by calling 911. If fire is in its incipient stage, respond with fire extinguisher.

2. Immediately alert emergency coordinator by best available means.

3. Emergency coordinator will assess danger and will initiate response to fire, shut down procedure, and evacuation, as necessary.

4. All non-essential personnel should evacuate as soon as the alarm sounds.

5. Emergency personnel will be given the following information in order to make reports:
    a. Name and telephone number of person reporting,
    b. Name and address of the facility
    c. Time and type of incident (release, fire, etc.),
    d. Name and quantity of the material(s) involved,
    e. The extent of injuries, if any, and
    f. The possible hazards to human health or the environment outside the facility.

6. If trapped by a fire in area:
    a. Close all doors between you and the fire and seek alternate exit including breaking windows or walls, and if not available,
    b. Seal all door cracks and vents the best you can,
    c. Use the telephone to call the fire department and give your situation, and
    d. Sit on the floor calmly as far away as possible from the fire.

Emergency Evacuation

- Upon encountering fire or smoke immediately alert the Coordinator, sound the alarm and commence evacuating the plant, property and office areas.

- Depending on the location of the emergency, personnel should evacuate via the front or rear of the building and proceed to the staging area.
    - The staging area at this facility is the open space between the office and the warehouse
- CBI management, under direction from the Fire Chief, will permit re-entry into the building after resetting the fire alarm. At that time the emergency coordinator will instruct CBI personnel and all tenants to return to their office.

Shutdown of Operation

- Shut down all pumps or other source, if it can be done safely

- Close man ways and access ports to tanks and rail cars, as appropriate,

- Close all valves if it can be done safely

- Remove vehicles from the site if it can be done safely,

- Shut down power to product movement areas,

- Close warehouse doors after confirming employees have evacuated,

- Open perimeter access gate for emergency crew,

- Move fire extinguishers to the location for the emergency crews,

- All nonessential personnel are to evacuate to the premises immediately. Personnel should report to the staging area so they can be counted.

- Plant personnel will provide security for the site until emergency crews arrive, and

- UNDER NO CIRCUMSTANCES IS ANYONE TO ENDANGER THEMSELVES OR OTHERS IN ORDER TO PROTECT EQUIPMENT OR PRODUCT. IF YOU ARE IN DOUBT SACRIFICE THE EQUIPMENT AND PRODUCT.

Fire and Explosion

- Do not attempt to fight a fire unless you have been trained to do so.

- If a fire is too large or the first attempt to extinguish is unsuccessful, do not attempt a send try – EVACUATE.

- Attempts at firefighting should only be made during the fires incipient stage:

    - Only hand held ABC or BC portable fire extinguishers, found on trucks or as noted on the site map, will be used by company employees when responding to fires. No hose lines will be used by company employees.

    - Company employees will not attempt to extinguish small or large fires with the potential to change rapidly, for example:
        - Pump seal fires on a pressurized system, or
        - Ground fires in excess of 100 square feet in a congested process area.

Fire Extinguishers

The following types of fire extinguishers may be available at this facility. A more capable fire extinguisher may be substituted for those noted below:

Fire Extinguisher model	**Capabilities**
ABC handheld fire extinguisher, 20 lb.	2A 40B:C (or more capable) 1. The A rating is a water equivalency rating. Each A is equivalent to 1 1/4 gallons of water. 4A = 5 gallons of water. 2. The B:C rating is equivalent to the amount of square footage that the extinguisher can cover, handled by a professional. 20 B:C = 20 square feet of coverage. 3. C indicates it is suitable for use on electrically energized equipment.
BC handheld fire extinguisher, 20 lb.	40B:C (or more capable) 1. The B:C rating is equivalent to the amount of square footage that the extinguisher can cover, handled by a professional. 20 B:C = 20 square feet of coverage. 2. C indicates it is suitable for use on electrically energized equipment.

EXPLOSION RESPONSE

Bomb Threat Procedure

1. Purpose:
    a. To provide for the orderly gathering of information during a potentially stressful situation.

2. Responsibility
    a. Anyone receiving a bomb threat has the responsibility to gather as much information as possible and report the facts to plant management. Use the attached checklist.

3. Safety
    a. Remain calm. This will allow the maximum amount of information to be exchanged. Do not antagonize the other party.

4. <u>Procedure – Handling the Call</u>
    a. Try to keep the caller on the line.

    b. Try to alert office mates to notify the Emergency Coordinator to come to you

    c. Make notes and COMPLETE THE BOMB THREAT CALL CHECKLIST

    d. Get specific information on what is going to happen.
        i. When will it go off?
        ii. Where is it placed?
        iii. What does it look like? Describe it.
        iv. When was it put there?
        v. How do you know about this?
        Note: Ask caller to repeat the information, if you did not get it all.

    e. Take notes on additional information about the caller:
        i. Name
        ii. Age
        iii. Sex
        iv. Mental condition – joking, angry, etc.
        v. General condition – calm, frantic?
        vi. Voice characteristics – accent (hint of ethnicity?), speech defect, slurred?

f. What background noises are present?
    i. Music?
    ii. Trucks?
    iii. Freeway?
    iv. Trains?

g. Show your notes to Emergency Coordinator
    i. If the threat is considered genuine the Emergency Coordinator will notify the local police (dial 911).
    ii. Shut down and evacuate the plant. Refer to the evacuation procedures in Section 11. Move the staging area as needed if it is in conflict with the described location of the device.
    iii. If there is time and a search cab be performed safely, organize a search with a minimum of employees. Stop the search and evacuate thirty (30) minutes prior to scheduled detonation.

5. Search – Overt type

Potential bombs have no standard appearance. Be alert for any boxed (cardboard, metal o wood), suitcases, cans, sections of pipes or other objects that appear to be out of place.

a. Begin the search around the outside of each building and work inward. The employees most familiar with a building should search that building.

b. Inside each building, begin along the outside walls and work to the center. Ground floors first then upper floors.

c. Start with easily accessible places.

d. Look for recently disturbed items or items out of place.

e. Any suspicious objects should be reported to the Emergency Coordinator. DO NOT ATTEMPT TO HANDLE OR DISTURB ANY SUSPECTED BOMB. Write on a piece of paper any information that would identify the suspicious object (size, type of container) and its exact location. Also note the route of egress from the object.

f. If one suspected bomb is located, continue the search, if it appears this can be done reasonably safely, until completed. More than one device may have been set.

g. Open all doors and windows in the building and evacuate to a minimum of 300 feet. This may entail moving the staging area.

h. The employee in charge (Emergency Coordinator or other higher authority) and the person receiving the call should meet with the police when they arrive (however, do not hang up on the caller if they are still on the line.) Tell the police the exact location of any suspicious objects and the egress routes from the object.

i. In the event of detonation activate the emergency response plan. See section 9.

j. Do not return to the building or location until the “All Clear” is received from competent authority. See Section 13 for “All Clear” procedures.

6. Publicity
    a. All persons involved in the incident should be encouraged to keep the incident confidential.

    b. All inquiries from the public news media should be directed to and handled by the Communications Leader. If the Communications Leader is not available, take a number and state that a return call will be made.

Bomb Threat Call Checklist

Questions to Ask	Exact Wording of Threat
1.	When is the bomb going to explode? _____
2.	Where is it right now? _____
3.	What does it look like: _____
4.	What kind of bomb is it? _____
5.	Did you place the bomb? _____
6.	Why: _____
7.	What is your address? _____
8.	What is your name? _____

Sex of caller _____ Age _____ Race _____ Length of call

Caller's Voice:

□ Calm	□ Nasal	□ Loud	□ Deep Breathing
□ Angry	□ Laughing	□ Lisp	□ Clearing throat
□ Excited	□ Crying	□ Raspy	□ Disguised
□ Slow	□ Normal	□ Deep	□ Accent
□ Rapid	□ Distinct	□ Ragged	□ Familiar
□ Soft	□ Slurred	□ Cracking voice	□ Stutter

If voice is familiar, who did it sound like? _____

Background sounds:

□ Street noises	□ House noises	□ Factory machinery	□ Local
□ Crockery	□ Motor	□ Animal noises	□ Clear
□ Voices	□ Long distance	□ Office machinery	□ Booth
□ PS System	□ Music	□ Static	□ Other

Threat Language

□ Well spoken (educated	□ Irrational
□ Message read by threat maker	□ Incoherent
□ Foul language	□ Tapered

Report call immediately to Emergency Coordinator

If threat is considered valid DIAL 911

Fill out completely, during or immediately after bomb threat: Date _____ Time _____

Person receiving call _____ Position/Title: _____

Phone number call received on: _____

Phone call taped: ___ Yes ___ No.

Contact phone system administrator to determine if other details can be retrieved from the phone system, such as threat maker's originating phone number _____.

Remarks: _____

_____

_____

_____

_____

_____

_____

End of Bomb Threat Call Checklist

ALL CLEAR

All Clear Procedure

The only people allowed to issue the "All Clear" are:

- The Emergency Coordinator
- The Communication Leader

Before an "All Clear" can be issued the following conditions must be met:

- No readily apparent dangers to life or health can be present (not IDLH).
- If outside emergency response personnel (fire department, police) have been involved, they must also give the "All Clear"
- This information can be communicated verbally to all employees. If employees have been sent home the Communication Leader will pass the "All Clear" through the best available means.

Once the "All Clear" has been given (by the Communication Leader, Fire Chief, Police) only then will CBI personnel be allowed to return to the plant, property or facility. Entry to the facility will be led by the Emergency Coordinator.

If additional work is needed prior to reoccupying the plant, property or facility, a team will be assembled to conduct clean-up or other work. The team will follow all prescribed safety procedures, including personal protective equipment (PPE), necessary to perform the task, which may include:

- Hard hat
- Safety glasses
- Safety shoes (reinforced toe)
- Respirator with appropriate cartridge
- Coveralls
- Air monitor suitable for the conditions
  Note: No CBI employee will enter the space if the conditions are Immediately Dangerous to Life and Health (IDLH) or if any life support apparatus is required for entry.

It is the responsibility of the Emergency Coordinator to ensure that all local emergency response personnel have received all the information they require and are adequately prepared to respond again if necessary (e.g. do not send the emergency responders away if hazardous conditions persist.)

MEDICAL EMERGENCY

Medical Emergency Procedure

- Initial report is to be made to the Facility Manager or the Operations Manager

- An assessment will be made as to the severity of the incident determining if medical assistance it to be called. In general if the employee is unable to walk on his/her own, he/she is to be kept at the scene while an ambulance is called.

- If the incident does not require an ambulance the employee is to be transported to the applicable medical facility by supervisory personnel. Details of the incident along with other information such as a Safety Data Sheet (SDS) can be provided to medical personnel. The supervisor will remain at the facility until a report on the employee's condition can be obtained.

- At least one office or plant personnel are to be trained in First Aid and CPR if the facility is not within a short response time from emergency response personnel. This training is to be used until relieved by rescue personnel. **See Section 9 for a phone list.**

Rescue

Rescue operations are to be performed by outside emergency response personnel whenever possible. CBI personnel will respond to rescue situations only when no outside assistance is available and there is no immediate danger to life or health.

- All rescues will be directed by the Emergency Coordinator.

Rescue Criteria

- Rescue is to be attempted when the location of the employee is known.

- Rescue will not be attempted when the structure is involved in a fire.

- Rescue activities involved with a product release will fall within the parameters of this SPCC plan.

- No rescue efforts are to be made with less than three employees. On employee is to remain outside the hazard area at all times. If rescue is clearly a medical emergency and no hazardous environment exists, rescue may be attempted by less than three people.

- Communication must be maintained at all times. This is to be accomplished through the use of push-to-talk cell phones or other secure means. If a hazardous atmosphere is present only the employee remaining outside the hazardous environment will be tasked with communications, and if a choice exists, by means of an intrinsically safe radio.

INCLEMENT WEATHER

Inclement Weather and Natural Disaster

1. In the event of severe inclement weather (hurricane, electrical storm, tornado) the Emergency Coordinator will make the assessment of the danger.

2. If the assessment is not severe, operations may simply be suspended until the storm passes. The Emergency Coordinator will give a verbal “All Clear” to employees once the inclement weather has passed. This covers incidents such as thunder storms and sporadic heavy rains which interfere with safe operations. During these times shelter will be sought in the plant and main offices.

3. If the assessment is severe, the Emergency Coordinator will discuss the assessment with senior management, and as a result, notify the Communication Leader to cancel the work day.

4. If the work day has not started the Communication Leader will communicate with facility personnel, whether at home or in the office, and inform them through the best available means.

5. If an order to evacuate and go home is given, consistent with existing CBI Hurricane & Tropical Storm Preparedness Plan, facility personnel will check out with the Communication Leader prior to exiting the facility to ensure all are counted.

6. If the imminent danger does not permit for evacuation, inform the Emergency Coordinator (who will inform the Communication Leader), search for an inside corner or wall away from glass windows and product storage and remain there in a seated position until the danger has passed. In all cases the Communication Leader shall remain informed as to where facility personnel are staying during the inclement weather.

Preparations for Hurricanes

When a hurricane warning is announced for the South Florida area the following preparations will be made by CBI personnel:

1. All items which are not securely anchored will be moved into the warehouse on a space available basis. These include empty containers, hoses, mats, pallets and then full containers, fittings, wall mounted extinguishers, boats, other loose objects and vehicles, in order of probability that these objects could become airborne.

2. All empty trailers are to be moved as far away from the building as possible. This includes all bulk trailers, box trailers, emergency response trailers, spill trailers and drum trailers.

3. If there is ample time to conduct preparations, secure plywood sheets and lag into the walls effectively covering windows.

4. Move as much equipment as possible above ground floor level. An ideal height for water sensitive items is five (5) feet.

5. All antennas or other high flying apparatus should be dismantled and lowered to ground level. Any removable parts should be placed inside the main building or warehouse.

6. All vertical storage tanks should be filled with at least one (1) foot of product or water to keep the tank from blowing over in hurricane force winds. This procedure only needs to be followed if hurricane winds in excess of 100 miles per hour are predicted.

BIOMEDICAL WASTE OPERATING PLAN

Cliff Berry, Inc.

Applicable to the transportation of biomedical waste.

TABLE OF CONTENTS

I. PURPOSE

a. The purpose of this Biomedical Waste Operating Plan is to provide guidance and describe requirements for the proper management of biomedical waste at our facility. Guidelines for management of biomedical waste are found in Chapter 64E-16, Florida Administrative Code (F.A.C) and in section 381.0098, Florida Statutes.

II. TRAINING OF PERSONNEL

a. Biomedical waste training will be scheduled as required by paragraph 64E-16.003(2)(a) F.A.C. Training sessions will detail compliance with this operating plan and with chapter 64E-16 F.A.C. Training Sessions will include all of the following activities in transportation or if performed in our facility:
    i. Definition and identification of biomedical waste
    ii. Segregation (if performed)
    iii. Storage (if performed)
    iv. Labeling
    v. Transport
    vi. Procedure for decontaminating biomedical waste (if performed)
    vii. Contingency plan for emergency transport
    viii. Procedure for containment
    ix. Treatment method (if performed)
b. Training for activities performed at the facility is outlined in Attachment A.
c. Our facility must maintain records of employee training. These records are kept at the corporate headquarters and copies may also be kept at this facility. Training records will be kept for participants in all training sessions for a minimum of three (3) years and will be available for review by Department of Health (DOH) inspectors. An example of an attendance record is appended as Attachment B.

III. DEFITION, IDENTIFICATION AND SEGREGATION OF BIOMEDICAL WASTE

a. Biomedical waste is any solid or liquid waste which may present a threat of infection to humans. Biomedical waste is further defined in subsection 64E-16.002(2) F.A.C.
b. Biomedical waste is not generated at this facility, however, it is transported to this facility for temporary storage and may include red bag waste and sharps containers and related packaging. Biomedical waste will be stored in an area specifically designated and with appropriate biomedical waste signage.

IV. CONTAINMENT

a. Red bags and sharps containers for containment of biomedical waste shipped to this facility will comply with the required physical properties and be sealed at the point of origin. CBI personnel will obtain assurance from the generator that the biomedical waste containers used are in compliance. Red bags, sharps containers and outer containers of biomedical waste, when sealed, will not be opened in this facility. Ruptured or leaking packages of biomedical waste will be placed into a larger container without disturbing the original seal. Absorbent materials and

equipment that become contaminated during clean-up will be processed as described in Section VIII, below.

V. LABELING

a. All sealed biomedical waste red bags, and sharps containers will be labeled with the originating facility's name and address prior to offsite transport. If a sealed red bag or sharps container is placed into a larger red bag prior to transport, placing the facility's name and address only on the exterior of the bag is sufficient.
b. Outer containers must be labeled with the next transporter's name, address, registration number, and 24-hour phone number.

VI. STORAGE

a. When sealed, red bags, sharps containers and outer containers will be stored in areas that are restricted through the use of locks, in addition to signs or location. The 30-day storage time limit period will commence when the first biomedical waste item is placed into storage.
b. Biomedical waste storage areas will be constructed of smooth, easily cleanable materials that are impervious to liquids. These areas will be regularly maintained in a sanitary condition. The storage area will be vermin/insect free. Storage areas will be conspicuously marked with a six-inch international biomedical hazard symbol and will be secure from vandalism.

VII. TRANSPORT

a. Transport to our facility is provided by CBI employees in accordance with our transporter permit. In the event CBI uses a subcontractor we will negotiate for the transport of biomedical waste only with a DOH-registered company. If we transport the materials ourselves we will maintain a log of all biomedical waste transported by any employee and the log will contain waste amounts, dates, and documentation that the waste was accepted by our permitted facility. If we use a subcontractor we will have on file the pick-up receipts provide to us for the last three (3) years. Only those employees completing the training outlined in this plan are authorized to transport biomedical waste. Transport out of our facility will be performed by the contracted vendor within the 30-day requirement for our facility permit.

VIII. PROCEDURE FOR DECONTAMINATING BIOMEDICAL WASTE SPILLS

a. Surfaces contaminated with spilled or leaked biomedical waste will be decontaminated as part of the cleaning process. If spilled onto the truck the driver will wear appropriate personal protective equipment (PPE) and scrape, absorb, remove, or wash the truck as needed to remove bulk material then follow up with disinfectant. All solid material including absorbent will be placed into red bags or sharps containers as appropriate and sealed. Rinse material will be solidified with absorbent or drained to a sewage connection. The disinfectant utilized by this facility is a bleach solution of at least 100 parts per million (ppm) free chlorine that will be used for at least three minutes. Common household bleach (3 – 6% sodium hypochlorite) may be diluted up to 300 times to achieve 100 ppm concentration.

PPE should include a pair of examination gloves, a face shield or goggles, and an N95 mask/half face respirator or full face respirator with particulate filter and may include an apron, coveralls, or other clothing providing splash protection.

IX. CONTINGENCY PLAN

a. If CBI is unable to transport the waste to this facility, CBI will then contact a registered biomedical waste transporter. This should be coordinated through CBI corporate offices and include the Disposal Services Manager and Accounting.

X. BRANCH AND CORPORATE OFFICES

a. CBI operates two branch offices that are permitted for the management of biomedical waste.

   Fort Lauderdale office:

   i. Cliff Berry, Inc. 851 Eller Dr., Fort Lauderdale, FL 33316
   ii. Operates: 8 AM – 5 PM, Monday – Friday (additional hours as needed)

   Jacksonville office:

   i. Cliff Berry, Inc. 1518 Talleyrand Av., Jacksonville, FL 32206
   ii. Operates: 8 AM – 5 PM, Monday – Friday (additional hours as needed)

b. The CBI corporate offices may be reached at (954) 763-3390 and a manager is on call 24/7 via an answering service after normal business hours.

   Corporate office:

   i. Cliff Berry, Inc. 851 Eller Drive, Fort Lauderdale, FL 33316
   ii. Operates: 8 AM – 5 PM, Monday – Friday (additional hours as needed)

XI. MISCELLANEOUS

a. For easy access by the driver a copy of this biomedical operating plan will be kept onboard the truck.
b. The permit, a copy of the biomedical operating plan, and current copy of Chapter 64E-16, of the Florida Administrative Code (F.A.C.) will be maintained at the Cliff Berry, Inc. corporate offices, 851 Eller Drive, Fort Lauderdale, FL 33316.
c. This plan is incorporated into the “Spill Prevention Control and Countermeasure Plan and Emergency Procedures” for this facility and a copy is located at the CBI corporate offices, 851 Eller Drive, Fort Lauderdale, FL 33316 and at this facility.

Attachment A: BIOMEDICAL WASTE TRAINING OUTLINE

Facility Name: Jacksonville or Fort Lauderdale (circle one) or other: _____
Trainer's Name: Steve Collins or Brian Bernard (circle one) or other: _____

I. Biomedical waste transport regulations 64E-16.008 Florida Administrative Code (F.A.C)
    a. Acceptance criteria
    b. Receipts
    c. No leaking or compacting
    d. Transfer between vehicles is not allowed unless at a permitted facility, except in an emergency
    e. Transport only to permitted facilities
    f. Vehicle markings and international biological hazard symbol
    g. Vehicle fully enclosed and secured when unattended
    h. Accident procedures and contact with DOH, including use of rental vehicles
    i. Decontamination of rental vehicles
II. Registration of biomedical waste transporters 64E-16.009 F.A.C.
    a. Registration is required at and above 25 pounds of biomedical waste generated every 30 days
    b. Submission of registration on form DH 4106
    c. Expiration of permit annually on September 30 unless renewed and accompanied by annual report on form DH 4109.
    d. Not more than 30-day notice to DH of any changes to registration form currently on file
    e. False information or hindrance of inspection may result in revocation of permit
III. Permits 64E-16.011
    a. Annual permit required
    b. Exemption for generation of less than 25 pounds every 30 days
    c. Permits are not transferrable to another person/entity
    d. Permits are only effective for the facility (branch office) to which they are written
IV. Spill clean-up and over-packing
    a. Recognizing insufficient packing, segregation or pre-spill issues
    b. Use of absorbents and tools to clean up a spill
    c. Disinfection and dilution of bleach
    d. Over-packing and repacking
    e. Selection and use of personal protective equipment (PPE)

Attachment B: BIOMEDICAL WASTE TRAINING ATTENDANCE

FACILITY NAME: Cliff Berry, Inc. __Ft. Lauderdale or __ Jacksonville (check one)
NAME OF TRAINER: ___Steve Collins or ___Brian Bernard (check one)
DURATION OF TRAINING: 1 HOUR
PURPOSE OF TRAINING: ____Initial Assignment ____ Annual Refresher ____Update

TRAINING ROSTER

PARTICIPANT'S NAME	SIGNATURE	DATE

Attachment C: PLAN FOR TREATMENT OF BIOMEDICAL WASTE

CBI does not engage in the treatment of biomedical waste and acts only as a transfer facility.

Attachment D: STATE OF FLORIDA DEPARTMENT OF HEALTH REGULATIONS 64E-16

I. State of Florida, Bureau of Community Environmental Health Chapter 64E-16, Florida Administrative Code Biomedical Waste
II. State of Florida, Florida Statutes Chapter 381 Public Health: General Provisions, 381.0098 Biomedical Waste

STATE OF FLORIDA
DEPARTMENT OF HEALTH
Bureau of Community Environmental Health
Chapter 64E-16, Florida Administrative Code
Biomedical Waste

64E-16.001 General.

(1) This rule prescribes minimum sanitary practices relating to the management of biomedical waste, including segregation, handling, labeling, storage, transport, and treatment. This rule applies to all facilities that generate, transport, store, or treat biomedical waste to ensure that the waste is properly handled to protect public health. Further, this rule prescribes minimum standards for permitting biomedical waste generators, storage facilities and treatment facilities, and for registering biomedical waste transporters.

(2) This chapter does not apply to biomedical waste incinerators. This chapter does not apply to linen that is to be laundered and re-used. Further, this chapter does not apply to dead bodies that are disposed of by a person licensed under the provisions of Chapter 470, F.S., or to the transport of bodies, parts of bodies, or tissue specimens in furtherance of lawful examination, investigation, or autopsy conducted pursuant to Section 406.11, F.S. Specimens or samples collected for laboratory testing or use in medical research or teaching are not considered biomedical waste until such time as the material is discarded.

(3) The Department. of Health shall regulate the packaging, transport, storage, and treatment of biomedical waste. The Department of Environmental Protection shall regulate biomedical waste incineration and biomedical waste disposal.

(4) Health care providers shall inform their home user clients verbally and in writing of the recommended method for handling biomedical waste generated in the home setting. Health care providers who deliver in-home medical services shall remove or have removed by a registered biomedical waste transporter all biomedical waste generated during the performance of these services.

(5) Home users should segregate and package their biomedical waste in a manner that reduces the chance of exposure to the public.

(6) Inspections, permitting and enforcement of emergency medical services that generate biomedical waste shall be performed by the Bureau of Emergency Medical Services.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 12-14-92, 1-23-94, 6-3-97, Formerly 10D-104.001.

64E-16.002 Definitions.

For the purpose of this chapter, the following words and phrases shall have the meanings indicated:

(1) American Society for Testing Materials, also referred to as ASTM - A technical society with headquarters located at 100 Barr Harbor Drive, West Conshohocken, Pennsylvania, 19428-2959, which publishes national standards for the testing and quality assurance of materials.

(2) Biomedical waste - Any solid or liquid waste which may present a threat of infection to humans, including nonliquid tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The following are also included:

(a) Used, absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried.

(b) Non-absorbent, disposable devices that have been contaminated with blood, body fluids or, secretions or excretions visibly contaminated with blood, but have not been treated by an approved method.

(3) Biomedical waste generator - A facility or person that produces biomedical waste. The term includes hospitals, skilled nursing or convalescent hospitals, intermediate care facilities, clinics, dialysis clinics, dental offices, health maintenance organizations, surgical clinics, medical buildings, physicians' offices, laboratories, veterinary clinics and funeral homes.

(a) Mobile health care units, such as bloodmobiles, that are part of a stationary biomedical waste generator, are not considered individual biomedical waste generators.

(b) Funeral homes that do not practice embalming are not considered biomedical waste generators.

(4) Body fluids - Those fluids which have the potential to harbor pathogens, such as human immunodeficiency virus and hepatitis B virus and include blood, blood products, lymph, semen, vaginal

secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. In instances where identification of the fluid cannot be made, it shall be considered to be a regulated body fluid. Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomitus shall not be considered biomedical waste unless visibly contaminated with blood.

(5) Contaminated - Soiled by any biomedical waste.

(6) Decontamination - The process of removing pathogenic microorganisms from objects or surfaces, thereby rendering them safe for handling.

(7) Department - The Department of Health or its representative county health department.

(8) Disinfection - A process which results in a minimum Log 6 kill against the vegetative organisms listed in Table 1, and a minimum Log 4 kill against *Bacillus Stearothermophilus* spores utilizing steam or a minimum Log 4 kill against *Bacillus Subtilis* spores utilizing dry heat, chemicals, or microwave shredding.

(9) Facility - All contiguous land, structures, and other appurtenances which are owned, operated, and licensed as a single entity which may consist of several generating, treatment, or storage units.

(10) Hazardous waste - Those materials defined in Chapter 62-730, F.A.C.

(11) Health Care Provider - Any person who provides medical care or personal services,as that term is defined in section 400.402, F.S., to another individual.

(12) Home User - An individual who generates biomedical waste as a result of self-care or care by a family member or other non health care provider.

(13) Leak resistant - Prevents liquid from escaping to the environment in the upright position.

(14) Outer container - Any rigid type container used to enclose packages of biomedical waste.

(15) Packages - Any material that completely envelops biomedical waste. This includes red bags, sharps containers and outer containers.

(16) Person - Any individual, partnership, corporation, association, or public body engaged in the generation, storage, transport, or treatment of biomedical waste.

(17) Point of origin - The room or area where the biomedical waste is generated.

(18) Public sharps collection program - A cooperative program designed as a non-profit community service to assist the home user in the safe disposal of discarded sharps.

(19) Puncture resistant - Able to withstand punctures from contained sharps during normal usage and handling.

(20) Restricted - The use of any measure, such as a lock, sign, or location, to prevent unauthorized entry.

Saturated - Soaked to capacity.

(22) Sealed - Free from openings that allow the passage of liquids.

(23) Sharps - Objects capable of puncturing, lacerating, or otherwise penetrating the skin.

(24) Sharps container - A rigid, leak and puncture resistant container, designed primarily for the containment of sharps, clearly labeled with the phrase and international biological hazard symbol as described in section 64E-16.004(2)(a), F.A.C., and manufactured with dyes meeting the requirements for incidental metals as described in section 64E-16.004(2)(b)1.b.,F.A.C.

(25) Sterilization - A process which results in a minimum Log 6 kill against *Bacillus Stearothermophilus* spores utilizing steam or a minimum Log 6 kill against *Bacillus Subtilis* spores utilizing dry heat, chemicals, or microwave shredding.

(26) Storage -The holding of packaged biomedical waste for a period longer than three days at a facility or in a transport vehicle.

(27) Transfer - The movement of biomedical waste within a facility.

(28) Transport - The movement of biomedical waste away from a facility.

(29) Transport vehicle - A motor vehicle, as defined in Section 320.01 F.S., a rail car, watercraft or aircraft, used for the transportation of biomedical waste.

(30) Treatment - Any process, including steam, chemicals, microwave shredding, or incineration, which changes the character or composition of biomedical waste to render it noninfectious by disinfection or sterilization. Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 4-2- 90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.002.

64E-16.003 Facility Policies and Procedures.

(1) All biomedical waste facilities shall comply with the following:

(a) Biomedical waste mixed with hazardous waste, as defined in Chapter 62-730, F.A.C., Hazardous Waste, shall be managed as hazardous waste.

(b) Biomedical waste mixed with radioactive waste shall be managed in a manner that does not violate the provisions of Chapter 10D-91, F.A.C. The biomedical waste shall be managed in accordance with the provisions of Chapter 64E-16, F.A.C., after the radioactive component has decayed in storage as provided for in Chapter 10D-91, F.A.C., or is otherwise not regulated under Chapter 10D-91,

F.A.C. The packaging requirements of Chapter 10D-91, F.A.C., shall be followed, unless the requirements of Chapter 64E-16, F.A.C., are more restrictive.

(c) Any other solid waste or liquid, which is neither hazardous nor radioactive in character, combined with untreated biomedical waste, shall be managed as untreated biomedical waste.

(d) All surfaces contaminated with spilled or leaked biomedical waste shall be decontaminated as part of the cleaning process.

(2) Each biomedical waste facility shall implement a written operating plan to manage biomedical waste, in accordance with this chapter. This plan shall be available for review by the department and facility personnel. The plan shall include the following: a description of training for personnel; procedures for segregating, labeling, packaging, transporting, storing, and treating, biomedical waste; procedures for decontaminating biomedical waste spills; and a contingency plan for emergencies. Facilities which have multiple specialty services shall include procedures specific to each specialty if procedures vary. Plans shall be updated when regulations, facility policies, or procedures change.

(a) Each facility or their designee shall train new personnel who handle biomedical waste as part of their work responsibilities. This training shall be provided prior to commencement of duties related to biomedical waste handling. Refresher training shall be completed annually by all personnel who handle biomedical waste. Training shall detail compliance with the facility's operating plan and Chapter 64E-16, F.A.C., and shall be maintained as a part of the operating plan.

(b) All biomedical waste management records shall be maintained for 3 years and shall be available for review by the department.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89 Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.003.

64E-16.004 Storage and Containment.

(1) Storage.

(a) Storage of biomedical waste at the generating facility shall not exceed 30 days. The 30 day period shall commence when the first non-sharps item of biomedical waste is placed into a red bag or sharps container, or when a sharps container containing only sharps is sealed.

(b) Storage of biomedical waste in a place other than at the generating facility shall not exceed 30 days. The 30 day storage period shall begin on the day the waste is collected from the generator.

(c) Indoor storage areas shall have restricted access and be designated in the written operating plan. They shall be located away from pedestrian traffic, be vermin and insect free, and shall be maintained in a sanitary condition. They shall be constructed of smooth, easily cleanable materials that are impervious to liquids.

(d) Outdoor storage areas, including containers and trailers, shall, in addition to the above criteria, be conspicuously marked with the international biological hazard symbol as described in paragraph 64E-16.004(2)(b), F.A.C., and shall be secured against vandalism and unauthorized entry. The international biological hazard symbol on an outdoor storage area shall be a minimum of six inches in diameter.

(2) Containment.

(a) Packages of biomedical waste shall remain sealed until treatment, except when compacted in accordance with the requirements of this chapter as stated in section 64E-16.006(2). Ruptured or leaking packages of biomedical waste shall be placed into larger packaging without disturbing the original seal.

(b) All packages containing biomedical waste shall be visibly identifiable with the international biological hazard symbol and one of the following phrases: "BIOMEDICAL WASTE", "BIOHAZARDOUS WASTE", "BIOHAZARD", "INFECTIOUS WASTE", or "INFECTIOUS SUBSTANCE". The symbol shall be red, orange, or black and the background color shall contrast with that of the symbol or comply with the requirements cited in subpart Z of 29 CFR subparagraph 1910.1030(g)(1)(C), Occupational Exposure to Bloodborne Pathogen Standard.

(c) Bags.

1. Biomedical waste, except sharps, shall be packaged and sealed at the point of origin in impermeable, red plastic bags or, at the discretion of the generator, into sharps containers. The international biological hazard symbol shall be at least six inches in diameter on bags 19" x 14" or larger, and at least one inch in diameter on bags smaller than 19" x 14". Each plastic bag shall meet the following physical properties:

a. Impact resistance of 165 grams and tearing resistance of 480 grams in both the parallel and perpendicular planes with respect to the length of the bag. Impact resistance shall be determined using ASTM D-1709-91, and tearing resistance shall be determined using ASTM D-1922-89.

b. Incidental sum concentrations of lead, mercury, hexavalent chromium and cadmium shall be no greater than 100 ppm for dyes used in the

coloration of bags.

(d) Sharps containers.

1. Sharps shall be discarded at the point of origin into single use or reusable sharps containers. Needles and scalpel blades shall not be placed directly into double-walled corrugated containers. Sharps containers must be sealed when full. A sharps container is considered full when materials placed into it reach the designated fill line, or, if a fill line is not indicated, when additional materials cannot be placed into the container without cramming or when no additional materials are to be placed in the container.

2. Permanently mounted sharps container holders shall bear the phrase and the international biological hazard symbol described in paragraph 64E-16.004(2)(a), F.A.C., if this information on the sharps container is concealed by the sharps container holder.

3. Reusable sharps containers shall only be emptied into a treatment cart or directly into a treatment unit. They shall be constructed of smooth, easily cleanable materials, and shall be decontaminated after each use.

4. The international biological hazard symbol shall be at least one inch in diameter on sharps containers.

(e) Outer Containers.

All outer containers shall be rigid, leak-resistant and puncture-resistant. Reusable outer containers shall be constructed of smooth, easily cleanable materials and shall be decontaminated after each use.

(f) The international biological hazard symbol shall be at least six inches in diameter on outer containers 19" x 14" or larger, and at least one inch in diameter on outer containers less than 19" x 14".

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011, FS. History-New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.004.

64E-16.005 Labeling.

(1) Biomedical waste bags and sharps containers shall be labeled with the generator's name and address unless treatment occurs at the generating facility.

(a) If a bag or sharps container is placed into a larger bag prior to transport, the label for the exterior bag shall comply with paragraph 64E-16.005(1), F.A.C. Inner bags and inner sharps containers are exempt from the labeling requirements of paragraph 64E-16.005(1), F.A.C.

(b) Outer containers shall be labeled with the transporter's name, address, registration number, and 24-hour telephone number prior to transport.

(2) The transporter may provide labels for bags or sharps containers that are generator-specific, such as bar codes or specific container numbers. Use of these generator-specific labels satisfies the requirements of paragraph 64E-16.005(1)(a), F.A.C.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.005.

64E-16.006 Generator Requirements

(1) A biomedical waste generator shall not negotiate for the transport of biomedical waste with a person who is not registered with the department as a biomedical waste transporter.

(2) Compacting packages of biomedical waste within the generating facility, except recognizable human tissue, bulk liquids, or sharps, is acceptable provided the following conditions are met:

(a) Packages of biomedical waste shall not be compacted to a density greater than 22 pounds per cubic foot.

(b) Compacted packages of biomedical waste shall not be subjected to further compacting.

(c) Any residual or incidental liquid shall be contained within the inner bag or outer container. Should the inner bag or outer container rupture during compaction, residual or incidental liquids shall be disposed of directly into the sanitary sewer, an on-site sewage treatment and disposal system, or other system approved to receive such wastes by the Department of Environmental Protection or the department.

(d) Discharge of noxious air shall be kept to a minimum through use of HEPA filters having a pore size of 2 microns or less, negative pressure rooms, or other safety methods;

(e) Compacted packages of biomedical waste shall be treated by incineration or other approved treatment process. Treatment processes, such as steam, chemical, gas, dry heat, or microwaving, shall be considered by the department upon written request and microbiological evidence that the proposed process provides the same degree of treatment for compacted waste as for uncompacted waste. Steam treatment systems shall be tested against *Bacillus stearothermophilus* spores, as described in paragraph 64E-16.007(2), F.A.C. Other proposed treatment processes shall demonstrate efficacy using section 64E-16.008 (4), F.A.C.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.006.

64E-16.007 Treatment.

(1) Biomedical waste shall be treated by steam, incineration, or an alternative process approved by the department as described in section 64E-16.007(4), F.A.C., prior to disposal. Treatment shall occur within 30 days of collection from the generator.

(2) Steam treatment units shall subject loads of biomedical waste to sufficient temperature, pressure, and time to demonstrate a minimum Log 4 kill of *Bacillus stearothermophilus* spores placed at the center of the waste load, and shall be operated in accordance with the following:

(a) Before placing a steam treatment unit into service, operating parameters such as temperature, pressure, and treatment time shall be determined according to the following:

1. Test loads of biomedical waste which consist of the maximum weight and density of biomedical waste to be treated shall be prepared. Separate loads of red bags, sharps containers, boxes, and compacted waste shall be prepared if they are to be treated separately.

2. Prior to treatment, *Bacilius stearothermophilus* spores shall be placed at the bottom and top of each treatment container, at the front of each treatment container at a depth of approximately one-half of the distance between the top and bottom of the load, in the approximate center of each treatment container, and in the rear of each treatment container at a depth of approximately one-half of the distance between the top and bottom of the load.

3. If the operating parameters used during the treatment of the test loads demonstrate a minimum Log 4 kill of *Bacillus stearothermophilus* spores at all locations, the steam treatment unit shall operate under those parameters when placed into service. If the operating parameters fail to provide a minimum Log 4 kill of *Bacillus stearothermophilus* spores at all locations, treatment time, temperature, or pressure shall be increased and the tests must be repeated until a minimum Log 4 kill of *Bacillus stearothermophilus* spores is demonstrated at all locations. The steam treatment unit shall be operated under those parameters when placed into service. Tests shall be repeated and new parameters established if the type of biomedical waste to be treated is changed.

(b) When operating parameters have been established and documented using the criteria in paragraph 64E-16.007(2)(a), F.A.C., the steam treatment unit may be placed into service.

(c) The steam treatment unit shall be serviced for preventive maintenance in accordance with the manufacturer's specifications. Records of maintenance shall be onsite and available for review.

(d) Unless a steam treatment unit is equipped to continuously monitor and record temperature and pressure during the entire length of each treatment cycle, each package of biomedical waste to be treated will have a temperature tape or equivalent test material such as a chemical indicator placed on a non-heat conducting probe at the center of each treatment container in the load that will indicate if the treatment temperature and pressure have been reached. Waste shall not be considered treated if the tape or equivalent indicator fails to show that a temperature of at least 250 degrees F (121 degrees C) was reached during the process.

(e) Each steam treatment unit shall be evaluated for effectiveness with spores of *Bacillus stearothermophilus* at least once each 7 days for permitted treatment facilities, or once each 40 hours of operation for generators who treat their own biomedical waste. The spores shall be placed at the center of the waste load. Evaluation results shall be maintained onsite and available for review.

(f) A written log shall be maintained for each steam treatment unit. The following shall be recorded for each usage:

1. The date, time, and operator name;

2. The type and approximate amount of waste treated;

3. The post-treatment confirmation results by either

a. recording the temperature, pressure, and length of time the waste was treated, or

b. the temperature and pressure monitoring indicator;

(g) A current written operating procedure shall specify, at a minimum, the following:

1. Parameters, determined from testing, that provide consistent treatment, such as exposure time, temperature, and pressure.

2. Identification of standard treatment containers and placement of the load in the steam treatment unit.

(3) Incineration of biomedical waste shall be achieved in a biological waste incinerator permitted by the Department of Environmental Protection.

(4) An alternative treatment process, such as chemical, gas, dry heat, or microwave shredding, shall be considered by the department upon receipt of a written request. The written request shall be directed to the State Health Officer and shall include:

(a) The specific treatment process and type of facility for which acceptance is sought;

(b) The reason for the request;

(c) Microbiological evidence, using the organisms listed in Table 1, that the proposed process provides sterilization or a satisfactory level of disinfection. Using the protocol described in section 64E-16.007(4), F.A.C., alternative treatment systems must show either:

1. For disinfection, a minimum Log 6 kill

for the vegetative organisms listed in Table 1 and a minimum Log 4 kill against *Bacillus Stearothermophilus* spores utilizing steam or a minimum Log 4 kill against *Bacillus Subtilis* spores utilizing dry heat, chemicals, or microwave shredding, or

2. For sterilization, a minimum Log 6 kill against *Bacillus Stearothermophilus* spores utilizing steam or a minumum Log 6 kill against *Bacillus Subtilis* spores utilizing dry heat, chemicals, or microwave shredding.

Table 1

1. Bacteria
   a. Bacillus spores - mandatory, species determined by treatment process

   Any two
   b. Enterococcus faecalis
   c. Pseudomonas aeruginosa
   d. Staphylococcus aureus
   e. Nocardia species
2. Mycobacteria species - any one
   a. Mycobacterium bovis
   b. Mycobacterium fortuitum
3. Fungus - any one
   a. Candida albicans
   b. Aspergillus fumigatus
4. Protozoa - Giardia intestinalis or similar
5. Virus - Poliovirus or similar

(d) Each step of the efficacy testing must be thoroughly described in the application for approval. A detailed description of the treatment process, preparation of organisms, preparation of test loads, recovery of organisms, and raw data must be provided.

(e) To begin the efficacy testing, two challenge loads must be sterilized. These loads must be composed of materials commonly found in biomedical waste (tissues, sharps, plastics, glass, woven materials, blood and blood products, etc.), and must be of adequate quantity to equal the maximum capacity of the treatment system. The test load must be fully described (weight, moisture content, composition, etc.).

(f) The purity of all organisms and spores must be certified by a clinical or commercial laboratory. Each organism must be processed separately and placed in the test load in the most difficult location to treat. Before each test run, the total number of viable test organisms must be determined and documented. Treatment of the test load must take place within thirty minutes of inoculating the load with the test organism.

(g) The test load containing the test organism must be processed without the agent (e.g. chemical, microwaves, etc.) used to kill the test organisms. If this agent is a liquid, it must be replaced with an equal amount of sterile saline solution or tapwater. After the test load has completed one cycle in the treatment device, a minimum of three grab samples must be taken from the test load and the number of test organisms present determined. If the number of organisms recovered after the test run is less than Log 6, the number of organisms originally introduced into the device must be increased, and the run must be performed again, until at least Log 6 organisms are recovered. If the number of organisms recovered from the test run is Log 6 or greater, there is an adequate number of organisms being introduced into the device, and the inoculum size should be equal to this number.

(h) Using the inoculum size determined in the above procedure, the second sterilized test load must be inoculated separately. During these test runs, the chemical or physical agent used to treat the waste must be used.

(i) After each test run is completed, the log kill for that particular organism or spore must be calculated. The number of organisms that were not recovered from the initial (non-treating) test run must be subtracted from the number of organisms that were introduced into the second (treatment) run. The number of organisms that survive the treatment process must be subtracted from the first calculation. The resulting figure is the log kill provided by the treatment process.

(J) Approved alternative treatment processes, except single-use, shall meet the requirements of subsection 64E-16.007(2)(e).

(5) Biomedical waste may be disposed into a sanitary sewer system, an onsite sewage treatment and disposal system, or other system approved to receive such wastes ~~by~~ by the Department of Environmental Protection or the department, if it is in a liquid or semi-solid form and aerosol formation is minimal.

(6) Body tissues that have been histologically fixed are considered treated biomedical waste. Tissues prepared by frozen sectioning only are not considered treated.

(7) Acute care hospitals, licensed under Chapter 395, F.S., which utilize a certified onsite treatment process involving grinding and treatment, may dispose of such treated biomedical waste in the normal municipal solid waste stream upon notifying the local government responsible for solid waste collection and disposal under the following conditions:

(a) For the purposes of this chapter, certified shall mean that the treatment process is a steam treatment, or has been approved as an alternative biomedical waste treatment process under section 64E-16.007(4), F.A.C.

(b) For the purposes of this chapter, grinding shall also mean shredding or hammermilling.

(c) If grinding takes place prior to

treatment, procedures that minimize the chance of exposure to waste handlers must be developed and implemented should the grinder fail or become jammed.

(d) Individuals operating the treatment unit must be trained in all aspects of its operation, including contingency procedures.

(e) Acute care hospitals must inform the department in writing of the installation of the unit at least 30 days prior to placing the unit into service.

(f) Inspection of the unit, including treatment and maintenance records, will occur during the annual inspection for the hospital's biomedical waste permit.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, 395.002(13), 395.1011 FS. History-New 6-19-89, Amended 4-2-90, 12-14-92, 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.007.

64E-16.008 Biomedical Waste Transport

(1) No registered transporter may knowingly accept biomedical waste for transport unless it has been properly segregated, packaged, and labeled.

(2) Each registered transporter shall provide the generator with a receipt of pick-up.

(3) During transport, no registered transporter shall compact biomedical waste or allow it to leak into the environment.

(4) Transfer of biomedical waste from one transport vehicle to another is not allowed unless the transfer occurs at a permitted storage or treatment facility, except as provided in paragraph 64E-16.008(10)(a), F.A.C. Intermodal transfers of biomedical waste are allowed provided transport shipping seals remain intact.

(5) Any registered transporter who unknowingly fails to comply with subsections (3) or (4) of this section because such biomedical waste has not been properly segregated or separated from other solid wastes by the generating facility is not guilty of a violation under this rule.

(6) No registered transporter shall knowingly deliver biomedical waste for storage or treatment to a facility which does not have a valid permit issued by the department.

(7) All transport vehicles containing biomedical waste shall be visibly identified with the business name, registration number, a 24 hour telephone number, and placards showing the phrase and the international biological hazard symbol as described in paragraph 64E-16.004(2)(a). The symbol shall be at least six inches in diameter.

(8) All transport vehicles containing biomedical waste shall be fully enclosed and secured when unattended.

(9) Registered transporters shall notify the department within one working day by telephone and shall submit a follow-up report to the department within 10 days, in writing, if there is an accident that results in a spill of biomedical waste.

(10) In case of an emergency situation, including mechanical failure, the following is allowed:

(a) If the emergency occurs during transport, biomedical waste may be transferred to another transport vehicle, including a rental vehicle, without being at a storage or treatment facility.

(b) If a rental vehicle is used, the department shall be notified of its use on the first working day after the emergency. A copy of the written authorization from the rental agency stating awareness of the intended use of the vehicle shall be submitted to the department within seven days.

(c) Biomedical waste shall be removed and transported to a permitted storage or treatment facility within 24 hours of the emergency.

(d) Before return to the rental agency, the vehicle shall be decontaminated.

Specific Authority: 381.0098 F.S. Law Implemented 381.0098 FS. History-New, 6-3-97, Formerly 10D-104.0073.

64E-16.009 Registration of Biomedical Waste Transporters.

(1) Biomedical waste transporters shall be registered with the department. Biomedical waste generators transporting less than 25 pounds of their own biomedical waste, in their own transport vehicle, on any single occasion, are exempt from transporter registration, fee, and placarding requirements of this chapter.

(2) Each owner or operator of a transport vehicle shall submit to the department a completed application for registration on form DH 4106, herein incorporated by reference.

(3) Biomedical waste transporter registrations shall expire on September 30 each year. Renewal applications will not be considered complete without the submission of an annual report on form DH 4109, herein incorporated by reference. Biomedical waste transporters with valid registrations, on the effective date of this chapter, shall renew their registration by September 30 following the expiration date of their existing registration.

(4) Registered transporters shall notify the department in writing within 30 days of any changes made to their registration form currently on file with the department.

(5) Any registered biomedical waste transporter is subject to having their biomedical waste transporter registration denied, suspended, or revoked, pursuant to Section 381.0098, F.S., and in accordance with the procedural requirements of Section 120.60, F.S., upon a finding by the department that the transporter:

(a) Has submitted false or inaccurate

information in the application or annual report;

(b) Has violated the provisions of any statute or rule which the department is authorized to enforce;

(c) Has refused to allow inspection of records or equipment by department personnel.

Specific Authority 381.0098 FS. Law Implemented 381.0098 FS. History-New, 6-3-97, Formerly 10D-104.013.

64E-16.010 Inspections.

(1) Department personnel shall inspect registered transport vehicles, permitted generators, storage, and treatment facilities at least once a year. Those facilities exempted from the registration and fee requirements under subsection 381.0098(4), shall be inspected at least once every three years. Reinspections may be conducted when a facility is found to be in non-compliance with this chapter. Results of each inspection shall be recorded on a form provided by the department.

(2) To provide consistency of inspections throughout the state, all department personnel who inspect biomedical waste facilities shall attend training annually, which shall be approved by the Bureau of Environmental Health Programs.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098 FS. History-New 12-14-92, Amended 1-23-94, 8-20-95, 6-3-97, Formerly 10D-104.0075.

64E-16.011 Permits

(1) All biomedical waste facilities, except those facilities operating under a Department of Environmental Protection permit, shall obtain a permit from the department annually. Application forms and annual report forms used by the public may be obtained from the environmental health section of the county health department in the county of their location or from the Department of Health, Bureau of Facility Programs, 4052 Bald Cypress Way, Bin A08, Tallahassee, Florida 32399-1710. All forms listed in this section are incorporated by reference.

(a) A biomedical waste generator, who produces or treats less than 25 pounds of biomedical waste in each 30 day period, shall be exempt from all permit and fee requirements of this chapter.

(b) Application for an initial biomedical waste generator permit or exemption from permitting shall be submitted to the department on form DH 4089, Application for Biomedical Waste Generator Permit/Exemption, 8/98. Biomedical waste treatment facilities which were constructed prior to December 31, 1995, or for which an operation permit was submitted to the Department of Environmental Protection prior to December 31, 1995, shall meet the requirements of this chapter at the time of renewal of their existing permit.

(c) Application for an initial biomedical waste storage facility permit shall be submitted to the department on form DH 4107, Application for Biomedical Waste Storage Permit, 8/98.

(d) Application for an initial biomedical waste treatment facility permit shall be submitted to the department on form DH 4111, Application for a Biomedical Waste Treatment Permit, 8/01. Renewals will not be considered complete without the submission of an annual report submitted on form DH 4110, Biomedical Waste Treatment Facility Annual Report, 8/01.

(e) Application for an initial biomedical waste sharps collection program permit shall be submitted to the department on form DH 4108, Application for Biomedical Waste Sharps Collection Program Permit, 8/98.

(f) Permits shall not be transferable from one person to another. In the event of an address or name change, an amended application for permit shall be submitted to the department. A permitted generator may work at a branch office for no more than six hours in any seven day period without applying for an additional permit. These generators must notify the local county health department biomedical waste coordinator of the existence and operating hours of the branch office.

1. In the event of a change of ownership of the facility or a newly constructed facility, an application for an initial permit shall be submitted to the department within 30 days of the commencement of business.

2. When a facility is leased by the owner to a second party for operation, the second party shall apply to the department for an initial permit within 30 days of the commencement of business. The second party shall be held responsible for the operation and maintenance of the facility.

(g) Permits shall expire on September 30 each year. The permit, or a copy thereof, shall be maintained within the facility and shall be made available for review by department personnel.

(2) Persons engaged in a sharps collection program with single or multiple facility locations may operate under a single permit provided:

(a) The sharps collection program is open to the general public;

(b) A list identifying the location of each facility is attached to the application; and

(c) Each facility meets the applicable permit requirements.

Specific Authority 381.006, 381.0098 FS. Law Implemented 381.006, 381.0098, FS. History-New 12-14-92, Amended 1-23-94, 6-3-97, Formerly 10D-104.0076, Amended 11-5-02.

64E-16.012 Fees

(1) State-owned and operated biomedical waste facilities are exempt from the permit fee.

(2) Fee schedule.

Generator Permit:	
(application received by October 1)	$85.00
(application received after October 1)	$105.00
Treatment Permit:	
(application received by October 1)	$85.00
(application received after October 1)	$105.00
Storage Permit:	
(application received By October 1)	$85.00
(application received after October 1)	$105.00
Transporter Registration (one vehicle)	
(application received by October 1)	$85.00
(application received after October 1)	$105.00
Additional vehicle	$10.00

No fee or combination of fees shall exceed the maximum amount established by the statute.

(3) All fees collected pursuant to this section shall be placed in a specially designated account within the individual county health department trust fund to be used to meet the cost of administering the biomedical waste program described in this chapter.

Specific Authority: 381.006, 381.0098(4) FS. Law Implemented 381.006, 381.0098 FS. History-New 12-14-92, Amended 1-23-94, 6-3-97, Formerly 10D-104.0078, Amended 1-12-09.

64E-16.013 Enforcement Penalties

(1) According to section 381.0025, F.S., any person who generates transfers, treats, stores, transports or disposes of biomedical waste in violation of this chapter, or who interferes with hinders, or opposes any employee of the department in the discharge of his duties, or who impersonates an employee of the department, I chargeable with a misdemeanor of the second degree, punishable as provided in sections 775.082 and 775.083, F.S.

(2) For violation of any provision of Chapter 64E-16, F.A.C., the department shall deny suspend or revoke any biomedical waste permit or impose an administrative fine of up to $2500 per day for each violation of this chapter or pursue other enforcement action authorized by law. In determining the type and degree of enforcement action necessary, the department shall take into consideration the following:

a. The gravity of the violation, including the probability that death or serious physical harm to any person may result or has resulted, the severity of the actual or potential harm, and the extent to which the provisions of the applicable statutes or rules were violated.

(b) Actions taken by the owner or operator to correct violations.

(c) Any previous violations.

Specific Authority 381.0061, 381.0098(5) FS. Law Implemented 381.0012, 381.0025, 381.006, 381.0061, 381.0098, 395.002(13), 395.1011, 775.082, 775.083 FS. History-New 6-19-89, Amended 12-14-92, 1-23-94, 6-3-97, Formerly 10D-104.008, Amended 11-5-02