

# INLAND FACILITY OIL SPILL CONTINGENCY PLAN



The Owner or Operator of the facility for which this Plan covers is the Plan Holder.

Read the instruction sheet before completing this document. This plan is submitted and approved in accordance with Government Code §8670.28 and §8670.29 and California Code of Regulation sections 817.04 *et seq.*

Date of plan: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Submittal type:

New plan

Existing Plan # \_\_\_\_\_

- Resubmittal
- Revision # \_\_\_\_\_
  - Add info
  - Delete info
  - Change area of operation
  - Change contractor

Response Planning Area (RPA):

\_\_\_\_\_ RPA I – Counties of Los Angeles, Orange, San Luis Obispo, Santa Barbara and Ventura.

\_\_\_\_\_ RPA II – Counties of Humboldt, Del Norte, Mendocino, Lake, Sonoma, Marin, Napa, Solano, Contra Costa, Alameda, San Francisco, San Mateo, Santa Clara, San Benito, Santa Cruz and Monterey.

\_\_\_\_\_ RPA III – Counties of Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, and Yuba.

\_\_\_\_\_ RPA IV – Counties of Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Tuolumne, and Yolo.

\_\_\_\_\_ RPA V – Counties of Fresno, Kern, Kings, Madera, Mariposa, Merced, and Tulare.

\_\_\_\_\_ RPA VI – Counties of Imperial, Inyo, Mono, Riverside, San Bernardino and San Diego.

## SECTION A. PLAN HOLDER INFORMATION

**1. Plan Holder Name:** \_\_\_\_\_

Plan Holder is the \_\_\_\_ Owner \_\_\_\_ Operator of the facility in this plan.

Street Address (street, number, city, state, county, postal code):

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### Point of Contact:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### 2. Correspondence Address:

Company: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Addresses: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**3. Agent for Service of Process in California:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**SECTION B. FACILITY/UNIT INFORMATION**

**Facility/Unit Type:**  Facility,  Pipeline,  Lease/Production Field,  Railroad

**Number of Facilities/Units:** \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Zip Code: \_\_\_\_\_

**2. California Certificate of Financial Responsibility (COFR):**

COFR Number: \_\_\_\_\_  
Number of Current COFRs for the Facility/Unit: \_\_\_\_\_

**3. Facility Oil Capacity Information (in bbls):**

Reasonable Worst Case Volume: \_\_\_\_\_ (Attach copy of calculation)  
Product Types: \_\_\_\_\_

**4. Facility Principals in Addition to the Plan Holder (eg. owners, operators, managers):**

Name: _____	Name: _____
Street Address: _____	Street Address: _____
Mail Address: _____	Mail Address: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Email Address: _____	Email Address: _____

*Check:*  Owner  Operator  Manager  Other *Check:*  Owner  Operator  Manager  Other

**5. Attached Documents**

- General facility diagrams indicating fuel and oil tanks; general arrangement, size, capacity, types of oil for each tank, facility block diagram, typical well pad block diagram, and identification of location for safety data sheets for the petroleum product handled.
- Signed copy of OSRO contract.
- Documentation that the Spill Management Team or individuals acknowledges this capacity.
- Documentation that the Qualified Individual or company, and any identified alternates, acknowledge this capacity.
- For the Agent for Service of Process, documentation that the agent for service of process acknowledges this capacity. Such agent shall be located in California.
- Identify the environmentally and economically sensitive sites. Attach map of location of affected areas.

**SECTION C. NOTIFICATION AND CONTRACTOR INFORMATION**

**1. Immediate Spill Notification:**

*Notifications shall be initiated immediately or within 30 minutes of incident discovery:*  
**National Response Center:** 1.800.424.8802  
**California Governor's Office of Emergency Services:** 1.916.845.8911 or 1.800.852.7550  
**Qualified Individual (QI):** \_\_\_\_\_  
**Rated Oil Spill Response Organization (OSRO):** \_\_\_\_\_  
**Spill Management Team (SMT):** \_\_\_\_\_

**2. Person or Central Office Responsible for Initiating Spill Notifications for the Plan Holder:**

Company: \_\_\_\_\_

Name: \_\_\_\_\_ Alternate Person: \_\_\_\_\_

24-hour Phone Number: \_\_\_\_\_ 24-hour Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**3. Qualified Individual (QI):**

Company: \_\_\_\_\_

Name: \_\_\_\_\_ Alternate Person: \_\_\_\_\_

24-hour Phone Number: \_\_\_\_\_ 24-hour Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**4. Primary Rated Oil Spill Response Organization (OSRO):**

Company: \_\_\_\_\_

List contracted Rated OSRO(s) to cover Plan Holder obligations for the following services:

Containment booming: _____	Areas covered: _____
On-water Recovery: _____	Areas covered: _____
Storage: _____	Areas covered: _____
Shoreline Protection: _____	Areas covered: _____
Shoreline Cleanup: _____	Areas covered: _____
Dispersants: _____	Areas covered: _____

**5. Spill Management Team (SMT)**

Company: \_\_\_\_\_

Name: \_\_\_\_\_ Alternate Person: \_\_\_\_\_

24-hour Phone Number: \_\_\_\_\_ 24-hour Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION D. CERTIFICATION:**

**By signing below, I certify:**

- a. I am an executive or other person within the Plan Holder’s management who is authorized to fully implement this oil spill contingency plan. I have reviewed the plan for accuracy.
- b. Plan Holder will maintain a level of readiness that will allow effective implementation of this contingency plan.
- c. Plan Holder has a contract with a Rated OSRO identified in Section B of this Plan who is rated for the RPA’s of operation, and response time for deployment.
- d. Each environmentally sensitive site will be protected as described in the Inland Contingency Plan.
- e. Plan Holder will use and integrate into the Incident Command System established during a drill or actual spill.
- f. Plan Holder will use the Oiled Wildlife Care Network for care of oiled wildlife.
- g. Elements of this Plan will be exercised at least annually, and the entire Plan exercised once every 3 years.
- h. Plan Holder staff and employees will be trained in the use of this Plan.
- i. The Plan will be periodically reviewed and updated as required, and will be re-submitted to OSPR every 5 years from the date of approval.
- j. The Plan will be available to response personnel and to State and Federal agencies for inspection and review.
- k. Under penalty of perjury under the laws of the State of California, the Facility/Unit/Pipeline/Railroad information contained in this contingency plan is true and correct and that the plan as a whole is both feasible and executable.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INLAND FACILITY  
OIL SPILL CONTINGENCY PLAN  
INSTRUCTIONS**

The plan must be submitted to the Administrator of the Office of Spill Prevention & Response for review and approval. *A complete, signed plan document shall be submitted electronically.*

The accompanying document is your oil spill contingency plan for compliance with Title 14 California Code of Regulations (CCR) Section 817.04 *et seq.*, and Government Code §8670.28 and §8670.29. This document may also be used to revise or renew an existing contingency plan. Upon approval, the completed document serves as the oil spill contingency plan along with the approval letter. A complete copy of the inland facility's approved plan must be maintained on-site if the facility is staffed, or at the nearest field office if the facility is not staffed.

All sections of the plan must be completed unless otherwise indicated on the document or in these instructions. *You may also add additional provisions that you consider helpful to your employees or staff, or others who may refer to the plan during a spill; such provisions must not conflict with any statutory or regulatory requirements.*

**Page 1:**

**Date** of the plan.

**Name** of the facility.

**Submission Type:**

Check one box to indicate the plan document type. Enter the existing plan number if a resubmittal (renewal) or revision. If a revision, check all applicable boxes to describe the type of revision.

**Region(s) of Operation:**

Check all applicable boxes to identify the region(s) in which the Facility, Pipeline, or Railroad intends to operate. There must be Oil Spill Response Organization (OSRO) coverage for all regions of operations. See CA CCR Title 14 Section 819. Statewide Oil Spill Response Organization (OSRO)

**Section A. Plan Holder Information:**

1. **Plan Holder details** — Enter the name and contact information for the company (existing company if renewal or revision) who will be the Plan Holder for the facility, taking responsibility for response actions during a drill, an actual spill, or a threatened spill. Check one box indicating owner or operator. The Plan Holder must own, have an ownership interest in, operate, or lease.
2. **Correspondence** – List the name, address, phone number, fax number, and email address if available, of the person to whom correspondence should be sent.
3. **Agent for Service of Process** – Enter the name and contact information for an agent for service of process. The agent must be designated to receive legal documents on behalf of the Plan Holder covered by the plan. Such agent shall be located in California. 14 CCR Section 817.04(i)(3)

## Section B. Facility, Pipeline, Railroad Information

1. **Facility/Unit Information** – Check appropriate box. Enter Lat/Lon and street, city/county and zip code.
2. **California Certificate of Financial Responsibility (COFR)** – Check if the Facility, Pipeline, or Railroad has a current COFR; enter COFR #. A COFR is required.
3. **Facility Oil Capacity Information** – Enter all volumes in barrels. 1 barrel = 42 U.S. gallons = 0.1590 cubic meters.
  - Reasonable Worst Case Spill Volume – means the spill response planning volume calculated for your facility. (See Section 817.04 (k) (3) for calculations)
  - Type of products – Enter the type of fuel products handled or transported.
3. **Facility Principals** – Enter the names and addresses of any other owners, operators and managers, other than the Plan Holder.
4. **Attachments** – The plan must be accompanied by several documents, electronically submitted:
  - Facility Diagrams – Diagrams that clearly identify the general arrangement and location of each fuel and lube oil storage tank and other features pertinent to an emergency response. The size, storage capacity, and type of oil must be specified for each tank. Diagrams must be in a scale that is clearly legible for review. A plan will not be approved without an adequate diagram.
  - Oil Spill Response Organization (OSRO) Contract – Contract or document evidencing an agreement between the Plan Holder and the OSRO(s) for the types spill response coverage needed in the Geographic Regions where the facility, pipeline, or railroad may operate as indicated on page 1 and as indicated in Section B.
  - Each plan shall identify a Spill Management Team. If the plan holder contracts for this service, documentation that the Spill Management Team acknowledges this capacity shall be included in the plan.
  - Each plan shall identify a Qualified Individual, and any alternates, for the purpose of implementing the plan. If the plan holder contracts for this service, documentation that the Qualified Individual or company, and any identified alternates, acknowledge this capacity shall be included in the plan.
  - Each plan shall provide the name, physical address and mail address, telephone number, email addresses, and facsimile number of an agent for service of process designated to receive legal documents on behalf of the plan holder. Such agent shall be located in California. If the plan holder contracts for this service, documentation that the agent for service of process acknowledges this capacity shall be included in the plan.
  - Environmentally Sensitive Sites - The contingency plan shall identify and describe the following sites at risk that may be impacted by a reasonable worst case oil spill from the Inland Facility into waters of the state, including depicting locations on maps. This determination shall assume adverse weather conditions, pessimistic water and air dispersion and other adverse environmental conditions such that the worst possible dispersion of the oil into the land, air and water will be considered.
    - (A) Habitat types, shoreline types, and associated wildlife resources in those locations;
    - (B) The presence of state or federally-listed rare, threatened or endangered species;
    - (C) The presence of aquatic resources including state fish, invertebrates, and plants including important spawning, migratory, nursery and foraging areas;
    - (D) The presence of terrestrial animal and plant resources;
    - (E) The presence of migratory and resident state bird and mammal migration routes, and breeding, nursery, stopover, haul-out, and population concentration areas by season;
    - (F) The presence of commercial and recreational fisheries including aquaculture sites, kelp leases and other harvest areas.
    - (G) Public beaches, parks, marinas, boat ramps and diving areas;
    - (H) Industrial and drinking water intakes, power plants, salt pond intakes, and important underwater structures;
    - (I) Areas of known historical and archaeological sites (but not their specific description or location);
    - (J) Areas of cultural or economic significance to Native Americans (but not their specific description or location).

### Section C. Notification and Contractor Information

1. **Immediate Spill Notification** – Spill must be reported within 30 minutes using immediate notification list. Ensure all contact phone numbers are current.
2. **Person or Central Office Responsible for Spill Notification** – Enter the title and contact information for the person or position or main office directly responsible for initiating the spill notification process. Must be available on a 24 hour basis. Must be fluent in English.
3. **Qualified Individual (QI)** – List a QI representative of the facility, pipeline, or railroad. The QI can be an individual or company that provides QI services. The QI must be fluent in English, located in the continental United States, available on a 24-hour basis, and have full written authority to implement the contingency plan. A QI is not necessarily the responsible party unless otherwise considered a responsible party. [see 14 CCR Section 790] The duties of the QI shall include:
  - (A) Activating and engaging in contracting with required oil spill response organizations;
  - (B) Acting as liaison with, and following the orders of, the State Incident Commander and/or Federal On-Scene Coordinator through the Unified Command during all phases of spill response. This includes the ability to make changes to the plan when so ordered by the Administrator or the Federal On-Scene Coordinator;
  - (C) Obligating, either directly or through prearranged contracts, any funds necessary to carry out all required or directed oil spill response activities detailed in the contingency plan or specified by order of the State Incident Commander and/or Federal On-Scene Coordinator.
3. **Primary Oil Spill Response Organization (OSRO)** – List the primary OSRO that covers the majority of your Response Planning Volume and services. List other OSRO's providing specific services.
4. **Spill Management Team (SMT)** – List the SMT that will staff the organizational structure and will manage all aspects of response, containment, and clean-up, and is able to fully integrate into an Incident Command/Unified Command structure.

### Section D. Certification

The plan must be signed under penalty of perjury by an executive or other person within the Plan Holder's management who is authorized to fully implement the oil spill contingency plan and who can commit the resources necessary to implement the plan. This person must review the plan for accuracy, feasibility, and executability. It is preferred this person has some training, knowledge, or experience in the area of oil spill prevention and response.

A complete, signed plan document shall be submitted electronically.

### Questions?

Please submit questions about inland facility oil spill contingency plans to the staff in the OSPR Readiness Unit:

*Office of Spill Prevention & Response  
Preparedness Branch, Readiness Unit  
1700 K Street, Suite 250  
Sacramento, CA 95811 USA  
Phone: (916) 327-9943 or (916) 327-2297  
FAX: (916) 327-0907  
Email: [osprinfo@wildlife.ca.gov](mailto:osprinfo@wildlife.ca.gov)*

For information about Certificate of Financial Responsibility (COFR) please call the OSPR reception desk and ask for the COFR Unit: (916) 445-9326.

Additional information about Facility, Pipeline and Railroad spill planning and financial responsibility regulations may be found at: [www.wildlife.ca.gov/OSPR](http://www.wildlife.ca.gov/OSPR)