

ALAMEDA COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
Certified Unified Program Agency (CUPA)
1131 Harbor Bay Pkwy, Rm. 250
Alameda, CA 94502-6577
Phone (510) 567- 6700 - Fax (510) 337-9335

GENERATOR SURVEY FORM

GENERAL INFORMATION

Facility Name: _____

Facility Address: _____

City: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Billing Address (if different): _____

City: _____ Zip: _____

Contact Person: _____ Phone Number: _____

Business Owner Name: _____ Phone Number: _____

Type of Business (e.g. auto repair, dry cleaners): _____

EPA ID Number*: _____

*If you do not have an EPA ID #, please go to http://www.dtsc.ca.gov/HazardousWaste/upload/GISS_FORM_1358.pdf or call 1-800-618-6942.

HAZARDOUS WASTE INVENTORY INFORMATION

Does your facility generate hazardous waste? (This can include, but is not limited to: **waste/used oil, waste/used coolant and waste/used dry cleaning solutions**).

YES _____

NO _____

If **NO**, please sign and date the Certification portion at the end of this form and submit it to the address at the top of the page. You do not have to fill out the rest of this form.

If **YES**, please list the types of hazardous waste that you generate: _____

Number of employees coming in contact with or having any exposure to hazardous waste (for example, transferring hazardous waste from one container to another):

# OF EMPLOYEES HANDLING HAZARDOUS WASTE	CHECK THE BOX THAT APPLIES
Self-employed, no employees	
1-4 employees	
5-9 employees	
10-19 employees	
20-49 employees	
50-99 employees	
100-499 employees	
Over 500 employees	

CERTIFICATION

I hereby certify, to the best of my knowledge, that the information on this form is true and complete.

Print Name

Title

Signature

Date

PLEASE SUBMIT THIS FORM TO THE ADDRESS AT THE TOP OF PAGE 1

IF YOU HAVE ANY QUESTIONS ABOUT FILLING OUT THIS FORM, PLEASE CONTACT ROSEANNA GARCIA – LA GRILLE AT (510) 777-2149 OR LARRY SETO AT (510) 567-6774.