**Tenant Name:**

**Lease Address:**

**Lease Type (check correct box – *right click to properties*):** [ ]  **Primary Lease/Lessee**

[ ]  **Sublease from:**

**Instructions**: The following questionnaire is to be completed by the Lessee representative with knowledge of the planned operations for the specified building/location. Please print clearly and attach additional sheets as necessary.

**1.0 PROCESS INFORMATION**

Describe planned site use, including a brief description of manufacturing processes and/or pilot plants planned for this site, if any.

**2.0 HAZARDOUS MATERIALS – OTHER THAN WASTE**

Will (or are) non-waste hazardous materials be/being used or stored at this site? If so, continue with the next question. If not, go to Section 3.0.

2.1 Are any of the following materials handled on the Property? [ ]  Yes [ ]  No

[*A material is handled if it is used, generated, processed, produced, packaged, treated, stored, emitted, discharged, or disposed.]* If YES, check *(right click to properties)* the applicable correct Fire Code hazard categories below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Combustible dusts/fibers | [ ]  | Explosives | [ ]  | Flammable liquids |
| [ ]  | Combustible liquids (e.g., oils) | [ ]  | Compressed gas - inert | [ ]  | Flammable solids/pyrophorics |
| [ ]  | Cryogenic liquids - inert | [ ]  | Compressed gas - flammable/pyrophoric | [ ]  | Organic peroxides |
| [ ]  | Cryogenic liquids - flammable | [ ]  | Compressed gas - oxidizing | [ ]  | Oxidizers - solid or liquid |
| [ ]  | Cryogenic liquids - oxidizing | [ ]  | Compressed gas - toxic | [ ]  | Reactives - unstable or water reactive |
| [ ]  | Corrosives - solid or liquid | [ ]  | Compressed gas - corrosive | [ ]  | Toxics - solid or liquid |

2-2. For all materials checked in Section 2.1 above, please list the specific material(s), use(s), and quantities of each used or stored on the site in the table below; or attach a separate inventory. *NOTE: If proprietary, the constituents need not be named but the hazard information and volumes are required.*

| **Material/****Chemical** | **Physical State (Solid, Liquid, or Gas)** | **Container Size** | **Number of Containers Used & Stored** | **Total Quantity** | **Units (pounds for solids, gallons or liters for liquids, & cubic feet for gases)** |
| --- | --- | --- | --- | --- | --- |
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2-3. Describe the planned storage area location(s) for the materials in Section 2-2 above. Include site maps and drawings as appropriate.

2-4. Other hazardous materials. Check below (*right click to properties)* if applicable. *NOTE: If either of the latter two are checked (BSL-3 and/or radioisotope/radiation), be advised that not all lease locations/cities or lease agreements allow these hazards; and if either of these hazards are planned, additional information will be required with copies of oversight agency authorizations/licenses as they become available.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Risk Group 2/Biosafety Level-2 Biohazards | [ ]  | Risk Group 3/Biosafety Level-3 Biohazards | [ ]  | Radioisotopes/Radiation |

**3.0 HAZARDOUS WASTE (i.e., REGULATED CHEMICAL WASTE)**

Are (or will) hazardous wastes (be) generated? [ ]  Yes [ ]  No

If YES, continue with the next question. If not, skip this section and go to section 4.0.

3.1 Are or will any of the following hazardous (CHEMICAL) wastes generated, handled, or disposed of (where applicable and allowed) on the property?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Liquids | [ ]  | Process sludges | [ ]  | PCBs |
| [ ]  | Solids | [ ]  | Metals | [ ]  | wastewater |

3-2. List and estimate the quantities of hazardous waste identified in Question 3-1 above.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HAZRDOUS (CHEMICAL) WASTE GENERATED** | **SOURCE**  | **WASTE TYPE** | **APPROX. MONTHLY QUANTITY with units** | **DISPOSITION [e.g., off-site landfill, incineration, fuel blending scrap metal; wastewater neutralization (onsite or off-site)]** |
| **RCRA listed (federal)** | **Non-RCRA (Calif-ornia ONLY or recycle)** |
|  |  | [ ]  | [ ]  |  |  |
|  |  | [ ]  | [ ]  |  |  |
|  |  | [ ]  | [ ]  |  |  |
|  |  | [ ]  | [ ]  |  |  |
|  |  | [ ]  | [ ]  |  |  |

3-3. Waste characterization by: Process knowledge [ ]  EPA lab analysis [ ]  Both [ ]

3-4. Please include name, location, and permit number (e.g. EPA ID No.) for transporter and disposal facility if applicable. Attach separate pages as necessary. *If not yet known, write “TBD.”*

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazardous Waste Transporter/Disposal Facility Name** | **Facility Location** | **Transporter (T) or Disposal (D) Facility** | **Permit Number** |
|  |  |  |  |
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3-5. Are pollution controls or monitoring employed in the process to prevent or minimize the release of wastes into the environment? *NOTE: This does NOT mean fume hoods; examples include air scrubbers, cyclones, carbon or HEPA filters at building exhaust fans, sedimentation tanks, pH neutralization systems for wastewater, etc.*

 [ ]  Yes [ ]  No

If YES, please list/describe:

**4.0 OTHER REGULATED WASTE (i.e., REGULATED BIOLOGICAL WASTE, referred to as “Medical Waste” in California)**

4-1. Will (or do) you generate medical waste? [ ]  Yes [ ]  No If NO, skip to Section 5.0.

4-2. Check the types of waste that will be generated, all of which fall under the California Medical Waste Act:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Contaminated sharps (i.e., if contaminated with ≥ Risk Group 2 materials)  | [ ]  | Animal carcasses | [ ]  | Pathology waste known or suspected to be contaminated with ≥ Risk Group 2 pathogens) |
| [ ]  | Red bag biohazardous waste (i.e., with ≥ Risk Group 2 materials) for autoclaving | [ ]  | Human or non-human primate blood, tissues, etc.(e.g., clinical specimens) | [ ]  | Trace Chemotherapeutic Waste and/or Pharmaceutical waste NOT otherwise regulated as RCRA chemical waste |

4-3. What vendor will be used for off-site autoclaving and/or incineration?

4-5. Do you have a Medical Waste Permit for this site? [ ]  Yes [ ]  No, not required.

[ ]  No, but an application will be submitted.

**5.0 UNDERGROUND STORAGE TANKS (USTS) & ABOVEGROUND STORAGE TANKS (ASTS)**

5-1. Are underground storage tanks (USTs), aboveground storage tanks (ASTs), or associated pipelines used for the storage of petroleum products, chemicals, or liquid wastes present on site (lease renewals) or required for planned operations (new tenants)? [ ]  Yes [ ]  No

*NOTE: If you will have your own diesel emergency power generator, then you will have at least one AST! [NOTE: If a backup generator services multiple tenants, then the landlord usually handles the permits.]*

If NO, skip to section 6.0. If YES, please describe capacity, contents, age, type of the USTs or ASTs, as well any associated leak detection/spill prevention measures. Please attach additional pages if necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **UST or AST** | **Capacity (gallons)** | **Contents** | **Year Installed** | **Type (Steel, Fiberglass, etc.)** | **Associated Leak Detection / Spill Prevention Measures\*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\*NOTE: The following are examples of leak detection / spill prevention measures: integrity testing, inventory reconciliation, leak detection system, overfill spill protection, secondary containment, cathodic protection.

5-2. Please provide copies of written tank integrity test results and/or monitoring documentation, if available.

5-3. Is the UST/AST registered and permitted with the appropriate regulatory agencies? [ ]  Yes [ ]  No, not yet

If YES, please attach a copy of the required permit(s). *See Section 7-1 for the oversight agencies that issue permits, with the exception of those for diesel emergency power generators which are permitted by the local Air Quality District (Bay Area Air Quality Management District = BAAQMD; or San Diego Air Pollution Control District = San Diego APCD).*

5-4. If this Questionnaire is being completed for a lease renewal, and if any of the USTs/ASTs have leaked, please state the substance released, the media(s) impacted (e.g., soil, water, asphalt, etc.), the actions taken, and all remedial responses to the incident.

5-5. If this Questionnaire is being completed for a lease renewal, have USTs/ASTs been removed from the Property?

[ ]  Yes [ ]  No

If YES, please provide any official closure letters or reports and supporting documentation (e.g., analytical test results, remediation report results, etc.).

5-6. For Lease renewals, are there any above or below ground pipelines on site used to transfer chemicals or wastes?

[ ]  Yes [ ]  No

For new tenants, are installations of this type required for the planned operations? [ ]  Yes [ ]  No

If YES to either question in this section 5-6, please describe.

**6.0 ASBESTOS CONTAINING BUILDING MATERIALS**

Please be advised that an asbestos survey may have been performed at the Property. If provided, please review the information that identifies the locations of known asbestos containing material or presumed asbestos containing material. All personnel and appropriate subcontractors should be notified of the presence of these materials, and informed not to disturb these materials. Any activity that involves the disturbance or removal of these materials must be done by an appropriately trained individual/contractor.

**7.0 OTHER REGULATORY PERMITS/REQUIREMENTS**

7-1. Does the operation have or require an industrial wastewater permit to discharge into the local National Pollutant Discharge Elimination System (NPDES)? *[Example: This applies when wastewater from equipment cleaning is routed through a pH neutralization system prior to discharge into the sanitary or lab sewer for certain pharmaceutical manufacturing wastewater; etc.]* Permits are obtained from the regional sanitation district that is treating wastewater.

[ ]  Yes [ ]  No [ ]  No, but one will be prepared and submitted to the Landlord property management company.

If so, please attach a copy of this permit or provide it later when it has been prepared.

7-2. Has a Hazardous Materials Business Plan (HMBP) been developed for the site and submitted via the State of California Electronic Reporting System (CERS)? *[NOTE: The trigger limits for having to do this are ≥ 200 cubic feet if any one type of compressed gas(except for carbon dioxide and inert simple asphyxiant gases, which have a higher trigger limit of ≥ 1,000 cubic feet); ≥ 55 gallons if any one type of hazardous chemical liquid; and ≥500 pounds of any one type of hazardous chemical solid. So a full-sixe gas cylinder and a 260-liter of liquid nitrogen are triggers! Don’t forget the diesel fuel in a backup emergency generator if the diesel tank size is ≥ 55 gallons and it is permitted under the tenant (rather than under the landlord).]* NOTE: Each local Certified Unified Program Agency (CUPA) in California governs the HMBP process so start there. Examples: the CUPA for cities in San Mateo County is the County Environmental Health Department; the CUPA for the City of Hayward, CA is the Hayward Fire Department; the CUPA for Mountain View is the Mountain View Fire Department; and, the CUPA for San Diego is the County of San Diego Hazardous Materials Division (HMD),

[ ]  Yes [ ]  No, not required. [ ]  No, but one will be prepared and submitted, and a copy will be provided to the landlord property management company.

If one has been completed, please attach a copy. Continue to provide updated versions as they are completed. This is a legal requirement in that State law requires that the owner/operator of a business located on leased or rented real property shall notify, in writing, the owner of the property that the business is subject to and is in compliance with the Hazardous Materials Business Plan requirements (Health and Safety Code Chapter 6.95 Section 25505.1).

7-3. NOTE: Please be advised that if you are involved in any tenant improvements that require a construction permit, you will be asked to provide the local city with a Hazardous Materials Inventory Statement (HMIS) to ensure that your hazardous chemicals fall within the applicable Fire Code fire control area limits for the applicable construction occupancy of the particular building. The HMIS will include much of the information listed in Section 2-2. Neither the landlord nor the landlord’s property management company expressly warrants that the inventory provided in Section 2-2 will necessarily meet the applicable California Fire Code fire control area limits for building occupancy, especially in shared tenant occupancy situations. It is the responsibility of the tenant to ensure that a facility and site can legally handle the intended operations and hazardous materials desired/ needed for its operations, but the landlord is happy to assist in this determination when possible.

**CERTIFICATION**

I am familiar with the real property described in this questionnaire. By signing below, I represent and warrant that the answers to the above questions are complete and accurate to the best of my knowledge. I also understand that Lessor will rely on the completeness and accuracy of my answers in assessing any environmental liability risks associated with the property.

Signature:

Name:

Title:

Date:

Telephone: