

# Environmental Management System



## Standard Operating Procedures

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**Office of Environmental, Health,  
Safety and Risk Management  
The City University of New York  
535 East 80<sup>th</sup> Street  
New York, NY 10021  
(212) 794-5630**

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## INTRODUCTION

This Environmental Management System Manual describes the framework and requirements of The City University of New York's Environmental Management System for all campuses.

The Environmental Management System provides a framework for environmental management and the implementation of the University's environmental policies. It is not intended to supersede any specific operational rules or procedures that have been adopted by the University to comply with health, safety and other environmental regulations or policies. Such rules and procedures, which are listed in *Appendix A* to this Manual, will be made available in hard copy or on-line at the EHSRM website <http://www.cuny.edu/ehs>.

Please check the EHSRM website to be sure that you have the most recent version of this manual. In addition, we welcome your input and comments, so that we can continue to improve the University's environmental programs.

Howard N. Apsan, Ph.D.  
University Director  
Environmental, Health, Safety and Risk Management

## **ENVIRONMENTAL POLICY**

The City University of New York is committed to providing healthy and safe facilities for its students, faculty, employees and visitors, minimizing its impacts on the environment, and maintaining compliance with applicable federal, state and local regulatory requirements, agreements and permits (refer to *Appendix B: Environmental Requirements Tables*). It is the University's goal to integrate environmental considerations into its teaching and research activities, facilities operations and interactions with the community.

This process will be facilitated by the use of an Environmental Management System (*EMS*) incorporating comprehensive programs for compliance assurance, pollution prevention and environmental training of faculty and employees. Implementation of the EMS will incorporate the concept of continual improvement, whereby the University will strive to enhance environmental performance by establishing environmental objectives and targets, and monitoring performance against these targets.

## EMS SCOPE

### A. Geographical

The EMS includes all CUNY campuses, including the senior colleges, community colleges, and professional schools, and any off-campus facilities or operation under CUNY jurisdiction.

### B. Regulatory Program Areas

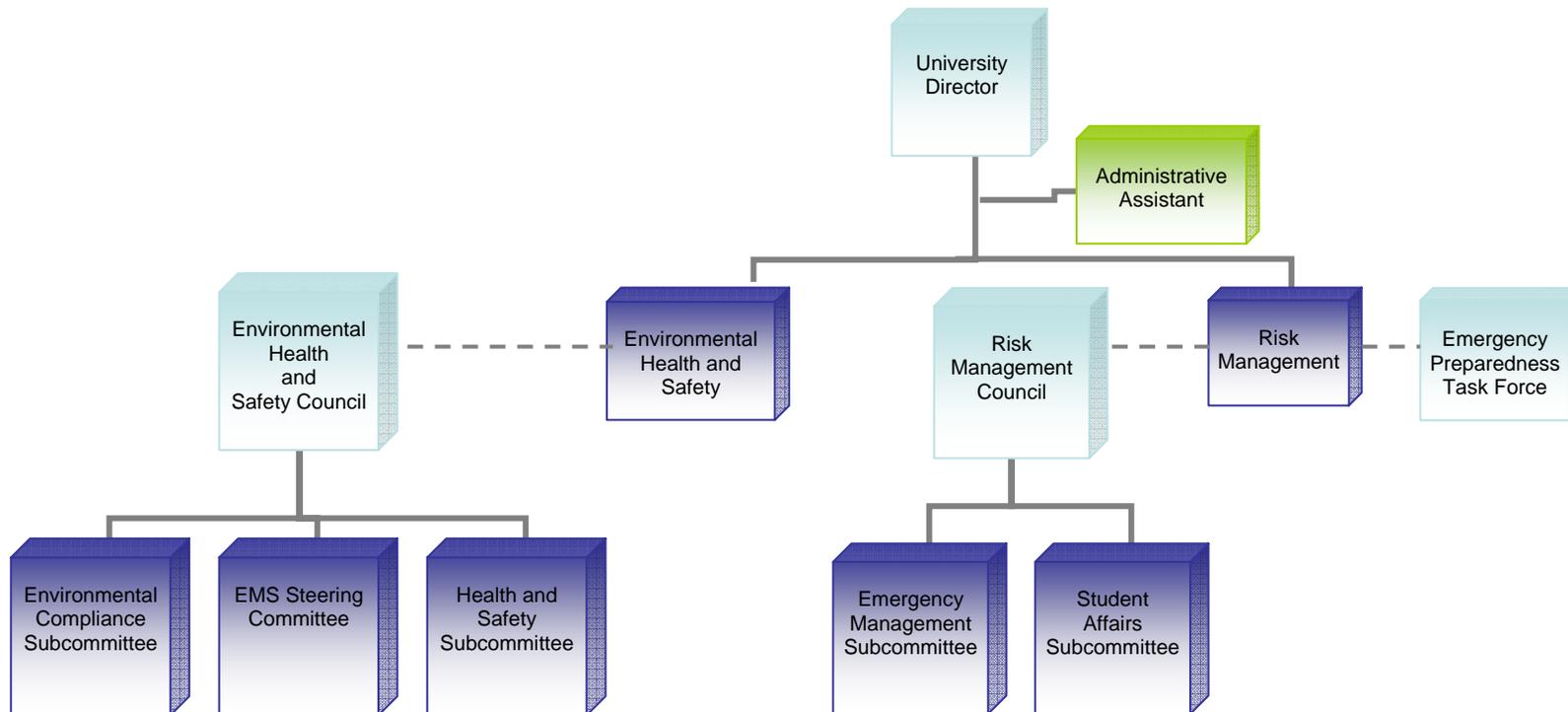
The EMS includes the following regulatory program areas:

| Environmental Concerns                           | Regulatory Program Area  |
|--|--|
| Waste Management                                 | Hazardous Waste Management<br>Universal Waste Management<br>Used Oil<br>Hazardous Waste and Materials<br>Transportation<br>Silver Recovery Systems<br>Medical Waste<br>Municipal Solid Waste |
| Air Emissions                                    | Boiler Emissions<br>Freon (CFC) Management<br>Parts Washers<br>Offset Lithographic Presses<br>Vehicles   |
| Oil Storage and Handling                         | Aboveground Storage Tank Management<br>Underground Storage Tank Management   |
| Chemical Storage and Handling                    | Emergency Planning and Community Right to Know<br>Chemical Tracking System<br>Pesticide Use<br>Security of Chemical Stock  |
| Water Discharges                                 | Waste Water Disposal<br>Spill Prevention, Control, and Countermeasures   |
| Oversight of Property Acquisition and Management | Permitting<br>Environmental Impact Statements<br>Site Acquisition and Due Diligence  |

Stand-alone health and safety concerns are typically not included in the EMS, except where there is an overlap between environmental requirements and health and safety regulatory requirements.

### EMS ORGANIZATION AND OVERSIGHT

The management and oversight of the EMS can be summarized by the following schematic chart:



## B. CUNY Central Office

1. **EMS Director.** The University Director of Environmental, Health, Safety and Risk Management (*EHSRM*) will oversee and direct the EMS. The University Director of the EHSRM department (the *EMS Director*) is also the University Director of the Office of Environmental Health and Safety. The EMS Director reports through the Deputy Chief Operating Officer to the Executive Vice Chancellor and Chief Operating Officer who reports directly to the Chancellor.
2. **CUNY Office of Environmental, Health, Safety and Risk Management (EHSRM).** EHSRM is responsible for the implementation of the EMS and other EHSRM programs and the coordination of such environmental programs with the individual campuses and the departments within the campuses. EHSRM is the University's primary environmental resource with respect to regulatory compliance, training and technical issues. The EHSRM office is also responsible for tracking EMS results, updating the requirements of the EMS as changes in regulations or facilities dictate, and providing guidance to the campuses.
3. **EMS Steering Committee.** The EMS Steering Committee consists of senior faculty and senior administrators and is responsible for setting environmental policies and overseeing the implementation of the EMS and all laboratory safety matters. EMS goals and objectives are established annually by the EMS Steering Committee based on the recommendations of EHSRM. The Committee reviews progress toward these goals and objectives no less often than annually and records its results in a written report.
4. **EMS Representative.** Each Campus will designate an EMS Representative that will be responsible for the daily compliance with the EMS requirements for his/her respective Campus.

## C. Campuses

1. **Presidents, Vice Presidents, Deans, or Chairs.** Each campus dean, chair or vice president will have certain obligations under the EMS as set forth in this Manual and will be responsible for matters that occur on the campus. The campus Presidents will appoint at least one senior administrator or director (*EMS Representative*) to be primarily responsible for compliance with the EMS requirements of this Manual for each academic and administrative department.
2. **EHS & Facilities.** The offices of EHS and Facilities at each campus are responsible for implementing the EMS on their campus, sending EMS results to the CUNY Office of Environmental, Health, Safety and Risk Management, training the faculty and staff at the campus, and providing feedback on the EMS to the EMS Director.

## ENVIRONMENTAL REQUIREMENTS

### A. Applicable Environmental Requirements

There are numerous Environmental Requirements at the federal, state and local levels applicable to the various Regulatory Program Areas included in the EMS. The University also reserves the right to adopt Requirements that augment those required by law.

### B. Identification of Environmental Requirements

The office of EHSRM maintains a listing of all applicable Environmental Requirements in a series of *Environmental Requirements Tables*, which are attached as *Appendix B* to this Manual. The University has undertaken, as part of the implementation of the EMS, the task of developing a regulatory database to be included on the EHSRM website. This database will include and link by Regulatory Program Area the material now included in the *Regulatory Requirements Tables* (*Appendix B*) and summaries of applicable laws and regulations and other Environmental Requirements.

### C. Assignment of Responsibility for Environmental Requirements

Each Campus will assign a person or office to discharge the responsibility for all environmental requirements. These assignments will be noted on the list in *Appendix B* and submitted to the CUNY Office of EHSRM. Updates to assigned persons or offices will be reported annually.

### D. Tracking of Environmental Requirements

Changing activities and operations at the University will change how Environmental Requirements apply. Likewise, as new Environmental Requirements are adopted or promulgated, their applicability and impact on University operations will also change. The University is committed to tracking Environmental Requirements. Tracking environmental regulatory developments will be the responsibility of the Office of EHSRM. It will determine whether any new or revised Environmental Requirements will require changes to training materials, policies and procedures or personnel responsibilities. The Office of the General Counsel serves as a critical resource to interpret specific Environmental Requirements.

## DETERMINATION AND USE OF ENVIRONMENTAL METRICS

### A. Undertaking

The University has undertaken implementation of a program to assess and prioritize environmental concerns for the University and its Campuses. EHSRM is committed to quantifying progress on addressing these concerns.

### B. Program

1. **Determination of Priority Issues.** The University and Campuses will help maintain and prioritize environmental issues at the University and Campus level.
2. **Use of Metrics.** For all issues, targets and objectives to measure progress.
3. **University Wide Priorities.** The University, in consultation with the Campuses, will prioritize and assign metrics. The Campuses will work on addressing these issues, record their results, and compare them to the targets.
4. **Campus Specific Priorities.** The Campuses will likewise prioritize and assign metrics for addressing those issues unique to the Campuses. The Campuses will each work on addressing their issues, record their results, and compare them to the targets they set.
5. **Tracking Form.** The issues and metrics identified by both University and Campuses will be recorded on the *Environmental Metrics Tracking Form*, found in *Appendix G*.
6. **Review of Campus Specific Priorities.** The EMS officer at each Campus will evaluate Campus metrics and, working with the Campus leadership, modify the metrics as necessary.
7. **Tracking Results.** Each Campus will track its progress towards its goals on the *Environmental Metrics Tracking Form*, found in *Appendix G*, and generate an interim and year-end report on its progress. These reports will be consolidated and presented as a university-wide assessment.

## CONTINUING PROGRAM EVALUATION

### A. Undertaking

The University has undertaken implementation of a program with periodic environmental compliance audits and EMS reviews. A written report shall be prepared for each audit or review. Each report will be reviewed and approved by the EMS Steering Committee.

### B. Program

1. **Annual EMS Reviews.** An EMS review (an *EMS Review*) will be conducted annually. The *EMS Review* will evaluate ongoing implementation of the EMS and assess program improvements and necessary changes to the EMS.
2. **Compliance Audits.** An environmental compliance audit (a *Compliance Audit*) will be conducted no less often than every three years at each campus by appropriately qualified staff from within the University or by an independent consultant. The *Compliance Audit* will review technical and operational compliance with Environmental Requirements. The purpose of a *Compliance Audit* will be to identify areas of non-compliance or areas that although compliant are not consistent with best management practices (*BMPs*), so that appropriate corrective actions or improvements can be implemented.

## REPORTS

### A. Undertaking

The University has undertaken implementation of a program to generate a written report detailing environmental compliance efforts, audit findings, corrective actions, and reviews of this EMS.

### B. Responsibilities

1. **Campuses.** Each Campus will be responsible for providing copies of all environmental compliance documents to the CUNY Office of EHSRM. Documents include, but are not limited to the following:
  - a. NYC DEP combustion source registrations
  - b. NYC DEP VOC emission point registration
  - c. NYC DEP sewer discharge tests (silver recovery)
  - d. NYC DEP community right to know reports (receipts for electronic submission)
  - e. NYS DEC air permits (Title V and state facility) or registrations
  - f. NYS DEC air emissions discharge documentation
    - i. Semi-annual SO<sub>x</sub> reports
    - ii. Annual NO<sub>x</sub> reports
    - iii. Any other permit specific reports such as opacity or particulates
  - g. CFC removal from small appliances (>50 pounds CFC)
  - h. Leak rate calculation from large refrigeration devices (<50 pounds CFC)
  - i. NYS DEC petroleum bulk storage registrations and:
    - i. All correspondence regarding spills listed in the NYS DEC spills database
    - ii. Five year tank tightness tests for underground tanks
    - iii. Ten year tank tightness tests for above ground tanks
    - iv. Notification letters for removing a tank from service
    - v. Tank closure reports for removed tanks
  - j. NYS DEC chemical bulk storage registrations
  - k. NYS DEC pesticide applicators reports
  - l. NYS DEC exception letters for hazardous waste
  - m. NYS DEC hazardous waste reports
  - n. US EPA notice of hazardous waste activity
  - o. US EPA toxic release inventory (*TRI*) notification
  - p. Corrective action reports
  - q. Incident investigation and remedial action reports
  - r. All notices of violation and ensuing correspondence

- s. Reports of Campus EMS activities and documentation of priorities determination
  - t. All phase one and two reports previously prepared for an acquired site
  - u. NYC DEP combustion source permits to construct
  - v. NYC DEP combustion source registrations
  - w. Calculations used to determine NYS DEC air permit status
  - x. 90-day notifications to the NYS DEC for removal of existing petroleum bulk storage tanks
  - y. NYS DEC petroleum bulk storage registrations for tanks removed and/or added
  - z. For acquired buildings, copies of the most recent tank tightness tests for existing tanks that will be kept in service
2. **CUNY Office of EHSRM.** CUNY Office of EHSRM will generate and distribute the following documents:
- a. CUNY environmental compliance calendar
  - b. Internal audit reports
    - i. An executive summary of findings
    - ii. Detailed list of findings, citations, and corrective actions
  - c. EMS reports
  - d. University-wide Standard Operating Procedures (*SOPs*)
  - e. Corrective action report summaries
  - f. Incident investigation summaries and lessons learned
  - g. All notices of violation and ensuing correspondence

### C. EMS Reports

1. **Initial EMS Report.** An initial EMS report will be generated after the adoption of the EMS and will detail the areas of environmental concern chosen by the University and Campus with a discussion of the baseline conditions and the accompanying metrics.
2. **Annual EMS Report.** An annual report on the status of the EMS will be distributed charting the progress made on the chosen areas of concern and updating the priority of those areas.

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## DOCUMENT CONTROL AND RECORDS MANAGEMENT

### A. Undertaking

The University has undertaken the task of creating and maintaining an electronic document control system to ensure that all EMS-related documents can be easily accessed in their most recently updated forms, and a records management system to maintain written demonstrable evidence of actions taken in connection with the implementation of the EMS.

### B. Document Control

1. This Manual and the other written environmental policies, procedures, notices and other directives will be stored electronically and will be entitled *Controlled Documents*. Such documents may be revised only by the CUNY Office of EHSRM or persons designated by EHSRM. Copies of certain *Controlled Documents* will be posted on the EHSRM website or made available in hard copy.
2. The CUNY Office of EHSRM shall index the *Controlled Documents* and will be responsible for ensuring that each document posted on the EHSRM website is up-to-date and revised. EHSRM will also be responsible for reviewing and, if necessary, revising each *Controlled Document* at least annually.

### C. Records Management

1. Records will be retained by Campus EHS officers, as required by all relevant federal, state and local laws and regulations, by University policy or to the extent required by any investigation or litigation. The current applicable *EMS Record Retention Policy* is set forth in *Appendix E* of this Manual.
2. The CUNY Office of EHSRM will be responsible for maintaining a central records management system. Records will be stored electronically to the extent feasible.
3. The CUNY Office of EHSRM may inspect Campus records to determine the compliance status of the Campus with respect to applicable regulations and this policy.

## TRAINING

### A. Undertaking

The Campuses have undertaken the task of providing all mandatory environmental and safety training to all personnel that are required to be trained in accordance with applicable regulatory requirements and as appropriate for their position, so that such personnel are aware of the Campus' and University's environmental policies and procedures, the requirements of the EMS, and their roles and responsibilities in achieving conformance with such policies and procedures. Failure to comply with applicable training requirements in a timely manner will be considered a violation of this policy.

### B. Training Administration: Academic Departments

Environmental training of all relevant students, faculty and employees will be administered by the Campus EHS department, with the assistance of the CUNY Office of EHSRM, as follows:

- a. Basic and advanced training for relevant students, faculty and employees (including temporary or visiting personnel who will be working in a laboratory or handling hazardous materials) will be set at each campus.
- b. All Applicable Personnel will be required to take all basic courses.
- c. The EHS Officer for each Campus, in cooperation with department heads, will determine which advanced training Applicable Personnel on the Campus is required to take.
- d. Each department head will provide the Campus EHS Officer with the following information with respect to each Applicable Person in a department promptly (no more than five working days) after an Applicable Person's appointment, employment or enrollment:
  - i. Name
  - ii. Job title/Student status
  - iii. Supervisor, if any
  - iv. Job location
  - v. Start date
  - vi. Job duties/Student
- e. If a department head is uncertain as to whether any person constitutes Applicable Personnel, he/she should consult with the Campus EHS Officer.

- f. In the event of extenuating circumstances, the five day period referred to in Section 1(d) above may be extended by obtaining the written consent of the Campus EHS Officer.
- g. If any department head does not provide the Campus EHS Officer with the foregoing information within the required time period, they will be considered to be in violation of this policy.
- h. The Campus EHS Office is the principal provider of environmental training, with assistance from the CUNY Office of EHSRM if requested. Training is provided through classroom courses, or web-based modules. The Campus EHS Office will schedule training classes in consultation with the affected department heads.
- i. The Campus EHS Office will be responsible for maintaining all environmental training records.
- j. An Applicable Person and/or such person's department will be considered in violation of this policy if they do not complete the required training.

### **C. Environmental Training: Facilities**

Environmental training of all relevant employees will be administered by the Campus' EHS Officer. The actual training will be conducted under the supervision of the Campus EHS department. Employees will be required to take the courses listed below and other courses as determined by the Campus EHS Officer. Employees will be subject to the same training deadlines and rules described above for academic employees.

### **D. Training Records**

1. Class Records. The following records need to be kept for each training class provided:
  - i. A copy of the course outline
  - ii. The sign-in or attendance sheet
  - iii. Copies of any tests given and the results
2. Personnel Records. For each person on Campus who requires training, a record must be kept listing the training required by the individual and the dates they attended training or re-training.

## ASSESSMENT, PREVENTION AND CONTROL

### A. Undertaking

The University has undertaken on-going mechanisms for assessing activities and operations and preventing and controlling: (a) the release of hazardous waste or other pollutants into the environment; (b) threats to human health or the environment; or (c) violations of Environmental Requirements.

### B. Responsibilities

Campus EHS Officers are responsible for regularly conducting inspections and monitoring follow-up on inspection findings, including corrective actions at their respective Campuses, as set forth in *Appendix C* to this Manual. Each Campus department is responsible for promptly and fully responding to EHS inspection findings and the implementation of corrective actions.

The CUNY EHS Office will conduct environmental audits, and provide written audit reports of each Campus as outlined in the University's *Internal Audit Program*.

### C. Operational Controls and Ongoing Assessments

1. The CUNY Office of EHSRM will have an ongoing program of assessing operational controls for its respective Regulatory Program Areas and identifying operations and procedures where documented standard operating procedures (*SOPs*) are needed. Each Campus president, with the assistance of the Campus EHS Office is responsible for implementing these *SOPs* on Campus.
2. Descriptions of operational controls and *SOPs* will be circulated and posted on the CUNY Office of EHSRM website. Such programs will be reviewed and revised as required, but in no event on less than a triennial basis. All revisions to operational controls will be posted on the CUNY Office of EHSRM website and communicated to Campuses.
3. The University has implemented a chemical tracking system (*CTS*) as one significant operational control. The *CTS* enables the University to identify, date, departmentalize and track all chemicals. The Campus EHS Officer will be responsible for insuring that the inventory data for the Campus is kept up to date. Failure to keep inventory data current will be considered a violation of this policy.

## D. Inspection Program

1. Campus EHS Officers will regularly conduct inspections of buildings, laboratories, mechanical rooms, classrooms, offices and other Campus areas, as well as monitor renovation and construction projects. The scope and frequency of these inspections varies depending on the Regulatory Program Area involved, applicable Environmental Requirements and perceived compliance risk. The Campus EHS Office will maintain an inspection schedule. Failure to comply with the schedule will be considered a violation of this program.
2. The inspection program will be administered as follows:
  - a. Inspections are to be carried out by trained personnel from the Campus Offices.
  - b. Each Campus EHS Office will keep a list of employees responsible for the inspections, a backup person who is trained to do the inspection in the absence of the designated employee, the supervisor responsible for those employees, and the manager or director responsible for that department. A *Task Responsibility Tracking Sheet* is attached as *Appendix C*.
  - c. If any problem identified during an inspection can be rectified by immediate corrective action (e.g., putting lids on containers, correcting labeling, closing secondary containment valves, etc.), the inspector shall request that the problem be corrected immediately. Such a request shall be made to the principal investigator in a laboratory or to any other appropriate employee. In addition, if the inspection involves an area for which the inspector is responsible (e.g., SPCC or PBS inspections), the inspector may take corrective action him/herself.
  - d. Each inspector will complete a written report to describe the inspection findings, including the identification of problems and the apparent cause of such problems and recommendations for specific corrective or preventive actions, if any. Copies of such reports will be distributed to the relevant departments and retained by the Campus EHS Office. If the area inspected is a laboratory, a copy will also be sent to the relevant principal investigator.
  - e. Once informed of a problem, the relevant department and or principal investigator will be responsible for ensuring that the corrective and preventive actions are undertaken promptly and that notice thereof is given to the EHS Office. If a problem cannot be rectified promptly, EHS (and, if appropriate, the relevant principal investigator) will set a timetable for compliance, which will be included in the inspection report.

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- f. Upon completion of an inspection, the inspector will determine whether a re-inspection is required and the date on which such re-inspection will take place. Such information will be included in the inspection report.

## **CORRECTIVE MEASURES AND ACCOUNTABILITY**

### **A. Undertaking**

The University has committed to take all necessary corrective actions to address non-compliance with Environmental Requirements, University policy and this EMS, and investigate the causes of such non-compliance and implement corrective and preventive procedures where necessary.

### **B. Corrective Measures Notice**

1. Problems on a Campus may be identified during a routine inspection or as a result of an *EMS Review*, a *Compliance Audit*, or an inspection by a regulatory agency. If corrective measures have not been taken with respect to any problem within 30 days following the deadline agreed to by the inspector or auditor and the relevant EMS Representative, EHS shall issue a corrective measures notice (a *CM Notice*) to the relevant EMS Representative, and, if applicable, the principal investigator indicating the problem, a plan for correcting the problem and a deadline by which the required corrective action must be taken. EHS may also take additional measures, or may require the Campus to take additional measures, in order to prevent reoccurrences of problems or to enhance environmental compliance.
2. EHS will analyze all *CM Notices* on a quarterly basis to evaluate EMS performance and any non-compliance trends.
3. In the event that a problem that was the subject of a *CM Notice* is corrected or resolved to the satisfaction of EHS, as determined by the relevant inspector or auditor, such *CM Notice* shall be deemed closed and shall be purged from EHS records in accordance with EHS policies following the next quarterly evaluation following the date on which such *CM Notice* is closed.

### **C. Corrective Actions**

The EMS Representative of each Campus shall be responsible for taking corrective actions or causing corrective actions to be taken, whether prior to or following the issuance of a *CM Notice*. EHS and Facilities Maintenance will assist in taking any corrective or preventive actions.

## ENVIRONMENTAL PLANNING, POLLUTION PREVENTION AND SUSTAINABILITY

### A. Undertaking

As part of its implementation of the EMS, the University has undertaken establishing and working toward its goals for environmental compliance, pollution prevention and sustainability.

### B. Process

1. The CUNY Office of EHSRM shall include in each annual *EMS Audit Report* certain goals and targets are appropriate and achievable. Special emphasis will be put on goals and targets designed to reduce the risk of non-compliance with applicable Environmental Requirements and to prevent, reduce or minimize waste, emissions or environmentally harmful chemicals. In establishing goals and targets, consideration will be given to legal and regulatory requirements, technological options, financial, operational and business requirements and views of interested parties.
2. The Campus EMS Officer will develop and implement action plans that meet or exceed that year's EMS goals. Each Campus will report on the status of each action plan on a quarterly basis.

### C. Pollution Prevention Program and Sustainability

The University is committed to promoting pollution prevention practices.

1. **Recycling.** Recycling measures at the University include:
  - a. Making containers available for the separation of waste to facilitate the recycling of glass, paper and metal;
  - b. Separating, compacting, and recycling cardboard;
  - c. Toner cartridge recycling receptacles located in academic, administrative and residential buildings;
  - d. Silver recovered from the effluent of all photographic processes and sent for recovery as a precious metal.
2. **Conservation.** Existing water and energy conservation measures in place at Campuses include, as established under the University's Sustainability Project.

3. **Release Prevention.** A third category of pollution prevention measures implemented by the University include those designed to minimize to the greatest extent possible the risk of potential release of any pollutant to the environment. All Campuses will implement a program of training employees on spill prevention and response. This program will include provisions for inspecting and maintaining storage containers.

## APPENDICES

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**APPENDIX A**

**List of Operational Rules and Procedures**

| <b>PROGRAM</b>                         | <b>STATUS</b>           |
|--|-------------------------|
| Chemical Inventory Policy              | Rev.1 Adopted 6/14/2005 |
| Internal Audit Policy                  | Rev.1 Adopted           |
| Incident Investigation Policy          | Due 2008                |
| Hazardous Waste Handling Procedure     | Due 2008                |
| Radiation Safety Training Manual       | Due 2008                |
| RCRA Training Policy & Training Matrix | Due 2008                |
| Safe Use of Chemicals in Laboratories  | Due 2008                |

**APPENDIX B**

**Environmental Requirements Tables:**  
**Hazardous Waste-Related Regulatory Requirements**

The following table presents a list of key relevant hazardous waste-related regulatory requirements that must be implemented by the University's Campuses. Entries with an A in the first column must be done by ALL campuses, those with an S by LARGE & SMALL quantity generators, and those with an L by LARGE QUANTITY generators only.

|   | Regulatory Requirement   | Regulatory Citation  | Responsible Designee |
|---|--|--|----------------------|
|   | <b>Inspections</b>   |  |                      |
| A | 1. Conduct weekly inspection of central hazardous waste storage area.                                  | 40 CFR<br>262.34(a)(1)(i),<br>265.174, and NYS<br>Title 6, 3733.9(e) |                      |
|   | <b>Training</b>  |  |                      |
| A | 1. HAZMAT employees must be trained appropriately.   | 40 CFR<br>262.34(a)(4) and<br>NYS Title 6, 373-<br>3.2(g)            |                      |
| S | 2. Conduct annual hazardous waste-related training to Facilities and appropriate laboratory personnel. | 40 CFR<br>262.34(a)(4) and<br>NYS Title 6, 373-<br>3.2(g)            |                      |

| <b>Reporting</b> |  |  |  |
|------------------|--|--|--|
| L                | 1. Prepare and submit <i>Biennial Report</i> (compilation of data from off-site shipments of hazardous waste from previous calendar) to USEPA by March 1 <sup>st</sup> of even numbered years covering generator activities for the previous year. | 40 CFR 262.40(b) and 262.41(a)   |  |
| L                | 2. Submit <i>Annual Report</i> (compilation of data from off-site shipments of hazardous waste from previous calendar) to NYSDEC by March 1 <sup>st</sup> of following year.   | NYS Title 6, 372.2(c)  |  |
| L                | 3. Submit <i>Quarterly Returns</i> (TP-550) with NYS Department of Taxation and Finance ( <i>NYS DTF</i> ) and pay appropriate assessments.  | NYS DTF (TP550)  |  |
| L                | 4. Submit annual hazardous waste program fee to the NYSDEC.  | Article 72, ECL  |  |
| S                | 5. Submit <i>Exception Reports</i> , if required, to the NYSDEC. <i>Exception Reports</i> will be required if the return copy of the waste shipment manifest is not received from the TSDF within 45 days of waste shipment.                       | 40 CFR 262.42(a) and NYS Title 6, 372.2(c)(3)                                    |  |
| <b>Plans</b>     |  |  |  |
| L                | 1. Prepare and implement <i>Contingency Plan</i> (define rules, procedures and equipment to be used in case of an incident (fire, explosion, spill, and release of hazardous waste). Review plan every three years.                                | 40 CFR 262.34(a)(4), 40 CFR 265.20 through 265.54 and NYS Title 6, 373-3.4(b)(1) |  |
| L                | 2. Prepare and submit waste minimization program, if requested by NYSDEC, by July 1st of the following year to NYSDEC.   | ECL Section 27-0908  |  |

| <b>Record Keeping</b> |  |  |  |
|-----------------------|--|--|--|
| A                     | 1. Retain information used to characterize the waste as hazardous or non-hazardous for three years from last date waste was disposed (recommend permanent retention).  | 40 CFR 262.11 and NYS Title 6, 372.2(c)(1)(iii)                                  |  |
| A                     | 2. Retain hazardous waste manifest records for three years.  | 40 CFR 262.20 and NYS Title 6, 372.2(c)(1)(i)                                    |  |
| A                     | 3. Retain LDR notifications for three years from date of shipment of hazardous waste.  | 40 CFR 268.7(a)(2)-(3) and NYS Title 6, 376.1(g)(1)(viii)                        |  |
| A                     | 4. Maintain <i>Exception Reports</i> for three years from date of filing with NYSDEC.  | NYS Title 6, 372.2(c)(1)(ii)   |  |
| A                     | 5. Retain initial training/annual refresher training records for three years after last employment date.   | 40 CFR 262.34(a)(4), 40 CFR 265.16(d) and (e) and NYS Title 6, 3733.2(g)(5)      |  |
| L                     | 6. Retain <i>Annual Report</i> for three years from date of report submission.   | NYS Title 6, 372.2(c)(1)(ii)   |  |
| L                     | 7. Maintain <i>Contingency Plan</i> and current records on emergency coordinator, waste storage locations, training, etc. for as long as generator.  | 40 CFR 262.34(a)(4), 40 CFR 265.20 through 265.54 and NYS Title 6, 373-3.4(b)(1) |  |
| A                     | 8. Maintain written communication that the designated TSDF is authorized for the hazardous wastes being offered for shipment, has capacity to accept such hazardous waste, and will assure the ultimate disposal method is followed. | NYS Title 6, 372.2(b)(2)(i)  |  |
| A                     | 9. Maintain written documentation that the designated transporter is authorized to deliver the waste to the facility on the manifest.  | NYS Title 6, 372.2(b)(2)(ii)   |  |

**Environmental Requirements Tables:**  
**Universal Waste-Related Regulatory Requirements**

The following table presents a list of key relevant Universal Waste-related regulatory requirements that must be implemented by The City University of New York campuses that are Small Quantity Handler of Universal Waste (SQHUW).

| Regulatory Requirement  | Regulatory Citation   | Responsible Designee |
|---|---|----------------------|
| <b>Waste Characterization Records, including Data and Test Results - Not Applicable</b>   |   |                      |
| <b>Pre-Transport, Packaging and Manifesting Requirements</b>  |   |                      |
| 1. Ensure that the facility does not send universal waste to any place other than another universal waste handler who has agreed to receive the Shipment.   | 40 CFR 273.18,<br>40 CFR 273.19<br>and 6 NYCRR<br>374-3.2(i)  |                      |
| 2. If the universal waste being offered for off-site transportation meets the definition of hazardous materials, ensure that the shipment is packaged, labeled, marked, and placarded, and that the proper shipping papers have been prepared under DOT regulations.  | 40 CFR 273.18,<br>40 CFR 273.19,<br>And 6 NYCRR<br>374-3.2(i) |                      |
| <b>Inspections – Not Applicable</b>   |   |                      |
| <b>Training</b>   |   |                      |
| 1. A small quantity handler of universal waste must inform all employees who handle or have responsibility for managing universal waste. The information must describe proper handling and emergency procedures appropriate to the type(s) of universal wastes handled at the facility. <u>[Note: frequency of training is unspecified. Recommend initially within six months of employment or assignment to a new position].</u> | 40 CFR 273.16<br>and 6 NYCRR<br>374-3.2(g)                    |                      |
| <b>Reporting - Not Applicable</b>   |   |                      |
| <b>Plans - Not Applicable</b>   |   |                      |
| <b>Record Keeping - Not Applicable</b>  |   |                      |
| 1. Contract or agreement with universal waste handler who has agreed to accept the materials.   | 40 CFR 273.18,<br>273.19<br>and 6 NYCRR 374-<br>3.2(i)        |                      |

**Environmental Requirements Tables:**  
**Used Oil-Related Regulatory Requirements**

The following table presents a list of key relevant used oil-related regulatory requirements that must be implemented by The City University of New York.

| Regulatory Requirement  | Regulatory Citation                               | Responsible Designee |
|---|---|----------------------|
| <b>Waste Characterization Records, including Data and Test Results</b>                      |   |                      |
| 1. Maintain information used to characterize waste as hazardous or non-hazardous.           | 40 CFR 261.11, NYS Title 6, 372.2(a)(2) and 374.2 |                      |
| <b>Pre-Transportation, Packaging and Manifesting Requirements</b>                           |   |                      |
| 2. Verify that the used oil transporter has a USEPA ID number.                              | 40 CFR 279.24(a)-(e)                              |                      |
| 3. Used oil containers must be in good condition, not leaking, and must be clearly labeled. | 40 CFR 279.22(b)                                  |                      |
| <b>Inspections</b>  |   |                      |
| <b>Training - Not Applicable</b>  |   |                      |
| <b>Reporting – Not Applicable</b>   |   |                      |
| <b>Plans – Not Applicable</b>   |   |                      |
| <b>Record Keeping – Not Applicable</b>  |   |                      |

**Environmental Requirements Tables:**  
**Freon-Related Regulatory Requirements**

The following table presents a list of key relevant Freon-related regulatory requirements that must be implemented by The City University of New York.

| Regulatory Requirement   | Regulatory Citation             | Responsible Designee |
|--|---------------------------------|----------------------|
| <b>Freon Management</b>  |                                 |                      |
| 1. Persons servicing equipment containing refrigerants must service the equipment in compliance with the requirements specified in 40 CFR 82 Subpart F   | 40 CFR 82.150                   |                      |
| 2. Any person opening appliances (except for small appliances, Motor Vehicle Air Conditioners (MVACs), and MVAC-like appliances) for maintenance, repair, and service must transfer the refrigerant in the entire unit or the part to be serviced to a system receiver or a certified recovery and recycling machine.  | 40 CFR 82.156(a)                |                      |
| 3. Any person disposing of small appliances, MVACs, and MVAC-like appliances must comply with refrigerant recovery and evacuation requirements.  | 40 CFR 82.156(f)-(h) and (i)    |                      |
| 4. Any recovered refrigerant that is not recycled should be sent to an EPA-approved reclamation facility.  | 40 CFR 82.156                   |                      |
| 5. Owners/operators of appliances containing 50 lbs or more of a refrigerant must maintain servicing records documenting the date and type of service and the quantity of refrigerant added.   | 40 CFR 82.166(k)                |                      |
| 6. Owners/operators of systems containing a refrigerant charge of 50 lbs or more and a Class I or Class II refrigerant must repair leaks when leak rates greater than 15% of the total charge in a 12-month period are discovered. Leak repairs are required within 30 days of discovery and initial and follow-up verification tests are required to confirm that the leak was repaired. If any of the repairs fail to drop the leak rate to lower than 15% of the total charge in a 12-month period then additional requirements apply and the USEPA must be notified. | 40 CFR 82.156 and 40 CFR 82.166 |                      |

| <b>Labeling</b>  |                   |  |
|--|-------------------|--|
| 1. Each container of refrigerant is required to have the following label:<br><br>WARNING: Contains (or Manufactured with, if applicable) [ <i>insert name of substance</i> ], a substance which harms public health and environment by destroying ozone in the upper atmosphere. | 40 CFR 82.106(a)  |  |
| <b>Recordkeeping</b>   |                   |  |
| 1. Technicians must maintain a copy of their certificate in their place of business.   | 40 CFR 82.166(l)  |  |
| 2. A copy of the letter to the EPA notifying them of the purchase of recovery equipment.   | 40 CFR 82.42      |  |
| 3. Service records of appliances containing 50 lbs or more of a refrigerant are required to be kept for a minimum of three years.  | 40 CFR 82.166(m)  |  |
| 4. Disposal records for appliance containing less than 50 lbs, including the name of the person doing the recovery, make, model, serial number, and amount of refrigerant recovered, must be kept for three years.   | 40 CFR 82.166 (i) |  |
| <b>Inspections – Not Applicable</b>  |                   |  |

| <b>Training</b>   |                                 |  |
|---|---------------------------------|--|
| 1. Persons who service a Freon-containing appliance must be certified by an approved technician certification program.  | 40 CFR 82.161(a)                |  |
| <b>Reporting</b>  |                                 |  |
| 1. Persons maintaining, servicing, or repairing appliances; and persons disposing of appliances must certify to EPA that they have acquired certified recovery or recycling equipment and are complying with 40 CFR 82 Subpart F.                     | 40 CFR 82.162(a) and (b)        |  |
| 2. If any of the repairs to a refrigerant system containing more than 50 lbs of a refrigerant do not drop the leak rate to lower than 15% of the total charge in a 12-month period then additional requirements apply and the USEPA must be notified. | 40 CFR 82.156 and 40 CFR 82.166 |  |
| <b>Plans – Not Applicable</b>   |                                 |  |

**Environmental Requirements Tables:**

**Spill Prevention Control and Counter Measures – Relevant Regulatory Requirements**

The following table presents a list of key relevant Spill Prevention Control and Counter Measures (SPCC) and New York State Petroleum Bulk Storage (PBS) -related regulatory requirements that must be implemented by the Campuses of The City University of New York.

| Regulatory Requirement  | Regulatory Citation         | Responsible Designee |
|---|-----------------------------|----------------------|
| <b>Registration</b>   |                             |                      |
| 1. All storage tanks subject to the NYS PBS regulations promulgated under 6 NYCRR Part 612-614 are required to be registered every five years. A list of storage tanks subject to registration is included in the SPCC Plan.  | 6 NYCRR 612.2               |                      |
| <b>Inspections</b>  |                             |                      |
| 1. Conduct monthly visual inspections of aboveground petroleum container storage areas identified in the SPCC Plan. A copy of the <i>Monthly Aboveground Storage Container Inspection Log Sheet</i> can be found on the EHS website ( <a href="http://www.cuny.edu/ehs">www.cuny.edu/ehs</a> ). | SPCC Plan and 6 NYCRR 613.6 |                      |
| 2. Conduct monthly visual inspections of all spill containment equipment.   | 6 NYCRR 613.6               |                      |
| 3. Conduct five year integrity tests of all underground tanks, and ten year tests of all registered above ground tanks  | 6 NYCRR 613.6               |                      |
| <b>Training</b>   |                             |                      |
| 1. Train all plant and public safety personnel on the procedures contained in the SPCC Plan, and refresh the training annually.   | 40 CFR 112.7 (f)            |                      |
| 2. Conduct annual discharge prevention briefings to all appropriate oil-handling personnel at all levels.   | 40 CFR 112.7 (f)            |                      |

| <b>Reporting</b>   |                           |  |
|--|---------------------------|--|
| 1. Submit copies of tightness tests to the NYSDEC no later than 30 days after the performance of the test except any test or inspection that shows the facility is leaking must be reported to the NYSDEC Spill Hotline within two hours of the discovery of the leak. | 6 NYCRR 613.5 (a)<br>(4)  |  |
| <b>Record Keeping</b>  |                           |  |
| 1. Retain discharge prevention briefing records and attendance logs for five years.  | SPCC Plan                 |  |
| 2. Retain monthly visual reports of aboveground storage container areas for ten years from date of inspection.   | SPCC and 6<br>NYCRR 613.6 |  |
| 3. Retain integrity testing results of aboveground storage tanks for the life of the tank.   | SPCC and 6<br>NYCRR 613.6 |  |
| 4. Retain tightness testing results of underground storage tanks for five years after the completion of the test.  | SPCC and 6<br>NYCRR 613.6 |  |

**Environmental Requirements Tables:**  
**EPCRA and NYC CRTK Relevant Regulatory Requirements**

The following table presents a list of key relevant Emergency Planning and Community Right-to-Know (EPCRA) and New York City Community Right-to-Know (NYC CRTK) regulatory requirements that must be implemented by The City University of New York.

| Regulatory Requirement   | Regulatory Citation | Responsible Designee |
|--|---------------------|----------------------|
| 1. Determine if the campus has any Extremely Hazardous Substances (EHS) above the threshold listed in 40 CFR Appendix A to part 355 (a link can be found on the EHS Website).  | 40 CFR 355.30 (a)   |                      |
| 2. Notify the SERC, the NYCDEP, and the NYCFD after first equaling or exceeding a threshold planning quantity (TPQ) of a listed EHS.   | 40 CFR 355.30 (b)   |                      |
| 3. The campus will identify the name of a facility representative to the NY State Emergency Response Commission (SERC), the New York City Department of Environmental Protection (NYCDEP), and the New York City Fire Department (NYCFD) who will participate in the emergency planning process as a facility emergency coordinator. | 40 CFR 355.30 (c)   |                      |
| 4. Inform NYSERC, NYCDEP, and the NYCFD of any changes occurring at the facility that may be relevant to emergency planning, or that they request for the purposes of emergency planning.  | 40 CFR 355.30 (d)   |                      |
| 5. Notify SERC, NYCDEP, and NYCFD of emergency releases of CERCLA substance above the threshold quantity. (A link to the list of CERCLA substances and their threshold quantities can be found on the EHS website.) Oral notification immediately, written notification as soon as possible.   | 40 CFR 355.40       |                      |
| 6. Prepare risk management plan (RMP) if facility stores EHSs or regulated toxic substances at quantities exceeding the TPQs. RMP must include the following: a risk assessment, a risk reduction program, and emergency response program.   | NYC RTK             |                      |

|  |                              |  |
|--|------------------------------|--|
| <b>NYC Right To Know (RTK)</b>   |                              |  |
| 1. Submit the information requested on the <i>NYC Tier II</i> , and <i>Facility Inventory</i> forms for all chemicals present over their threshold quantity. The submission can be either electronic or on paper, but must contain all of the information requested on the NYC form. | 40 CFR 370.21 and NYC RTK    |  |
| 2. If the <i>Tier II</i> is done on paper, submit MSDS for each chemical listed above.   | 40 CFR 370.21 and NYC RTK    |  |
| <b>Section 313 (Toxic Chemicals) – Not Applicable</b>  |                              |  |
| <b>Record Keeping</b>  |                              |  |
| 1. Retain records of submittals to the applicable regulatory agencies for three years.   | 40 CFR 370.30 and 40 CFR 372 |  |

**Environmental Requirements Tables:**  
**FIFRA – Related Environmental Regulatory Requirements**

The following table presents a list of key relevant Federal Insecticide, Fungicide, and Rodenticide Act (*FIFRA*) -related environmental regulatory requirements that must be implemented by The City University of New York. Regulatory requirements differ depending on whether the services are provided by a Contractor or Campus Employees.

**IF SERVICES ARE PROVIDED BY A CONTRACTOR**

| Regulatory Requirement  | Regulatory Citation    | Responsible Designee |
|---|------------------------|----------------------|
| <b>Pesticide Application</b>  |                        |                      |
| 1. Commercial or private applicators of restricted-use pesticides are required to be certified. | 40 CFR 171.4 and 171.5 |                      |
| <b>Recordkeeping – Not Applicable</b>   |                        |                      |
| <b>Inspections – Not Applicable</b>   |                        |                      |
| <b>Training – Not Applicable</b>  |                        |                      |
| <b>Reporting – Not Applicable</b>   |                        |                      |
| <b>Plans – Not Applicable</b>   |                        |                      |

**IF SERVICES ARE PROVIDED BY CAMPUS EMPLOYEES**

| Regulatory Requirement  | Regulatory Citation    | Responsible Designee |
|---|------------------------|----------------------|
| <b>Pesticide Application</b>  |                        |                      |
| 1. The Campus must be registered as a pesticide applying agency, and renew the registration annually.   | 6 NYCRR 325.23 (a)     |                      |
| 2. All personnel who apply restricted-use pesticides are required to be certified.  | 40 CFR 171.4 and 171.5 |                      |
| 3. All vehicles used to transport pesticides must be labeled with the stickers provided annually by the state.  | 6 NYCRR 325.26 (a)     |                      |
| <b>Recordkeeping</b>  |                        |                      |
| 1. The Campus must keep accurate records in a manner specified by the department showing: the kind and quantity of each pesticide used; dosage rates; methods of application; target organisms; and the use, date and place of application for each pesticide used. These records shall be maintained on an annual basis and retained for a minimum of three years and shall be available for inspection upon request by the department | 6 NYCRR 325.25 (a)     |                      |
| <b>Inspections – Not Applicable</b>   |                        |                      |
| <b>Training – Not Applicable</b>  |                        |                      |
| <b>Reporting –</b>  |                        |                      |
| 1. The Campus will file annual reports with the department at its main office in Albany no later than January 15th of each year, such reports to cover the previous calendar year. The reports shall be on forms provided by the department and shall list the quantity of pesticides used, reported for each product. EPA registration numbers shall be used as a reference to the product; product names shall not be used.           | 6 NYCRR 325.25 (b)     |                      |
| <b>Plans – Not Applicable</b>   |                        |                      |

**Environmental Requirements Tables:**  
**Wastewater-Related Regulatory Requirements**

The following table presents a list of key relevant wastewater-related regulatory requirements that must be implemented. *Disposal of hazardous waste chemicals by pouring them down the drain or by adding them to mixed refuse for landfill burial is absolutely forbidden.* Such chemicals include: concentrated acids or bases, organic solvents, aqueous solutions containing toxic organic solutes, heavy metals, radioactive isotopes, highly toxic, malodorous, or lachrymatory substances. In addition, substances that might interfere with the biological activity of waste water treatment plants, create fire or explosion hazards, or cause structural damage or impede water flow must not be poured down the drain.

| Regulatory Requirement  | Regulatory Citation   | Responsible Designee |
|---|-----------------------|----------------------|
| <b>Wastewater Disposal</b>  |                       |                      |
| 1. Discharges of wastewater to the public sewer must be in accordance with the requirements (pH, discharge of excluded materials, operation of silver recovery units) specified in RCNY.  | 15 RCNY Chapter 19-03 |                      |
| 2. Discharges of wastewater from silver recovery units for wet chemistry photo processing/film developing operations into the public sewer shall meet the best management practice (BMP) requirements specified in RCNY.  | 15 RCNY Chapter 19-07 |                      |
| <b>Inspections – Not Applicable</b>   |                       |                      |
| <b>Training – Not Applicable</b>  |                       |                      |
| <b>Reporting – Not Applicable</b>   |                       |                      |
| <b>Plans</b>  |                       |                      |
| 1. Persons that discharge total silver halide process wastewater to the public sewer system, including, but not limited to, photofinishers, printers, publishers, hospitals, dentists, and X-ray laboratories, shall prepare and implement a Best Management Practices Plan (BMPP) in accordance with the applicable regulations. | 15 RCNY Chapter 19-07 |                      |

| <b>Record Keeping</b>  |                                 |  |
|--|---------------------------------|--|
| 1. For persons performing on-site recovery, the quantities of all Total Silver-Halide Process Wastewater Discharges (percent silver captured and flow rates) shall be gauged and recorded in a log book. | 15 RCNY<br>Chapter 19-<br>07(h) |  |
| 2. The campus shall maintain records in accordance with the requirements of the BMPP   | 15 RCNY<br>Chapter 19-<br>07    |  |

**Environmental Requirements Tables:**  
**Asbestos-Related Environmental Requirements**

The following table presents a list of key relevant asbestos-related environmental regulatory requirements that must be implemented by The City University of New York.

| Regulatory Requirement   | Regulatory Citation   | Responsible Designee |
|--|---|----------------------|
| <b>Asbestos Abatement</b>  |   |                      |
| 1. ACM (friable and non-friable) that must be removed or will otherwise be impacted during construction work must be handled by an Asbestos Abatement contractor licensed by the NYS Department of Labor. Workers engaged in the removal, disturbance or handling of ACM must possess an Asbestos Handler Certificate issued by the NYC Department of Environmental Protection. Persons that supervise asbestos abatement must possess an Asbestos Handler Supervisor Certificate issued by the NYC DEP. | 40 CFR 61.145(c)(8)<br><br>NYS DOL Title 12, Part 56-2.1<br><br>NYC DEP Title 15, Chapter 3, Subchapter B |                      |
| 2. Asbestos emissions must be controlled during demolition, renovation, or asbestos abatement in accordance with asbestos NESHAP / NYS DOL or NYC DEP regulations.   | 40 CFR 61.145(c)<br><br>NYS DOL Title 12 Part 56-8<br>NYC DEP Title 15 Chapter 3 Subchapter F             |                      |
| 3. Waste materials containing friable asbestos must be disposed in compliance with requirements specified in 40 CFR 61.150   | 40 CFR 61.150   |                      |
| <b>Record Keeping</b>  |   |                      |
| 1. For all asbestos-containing waste material transported off the facility, maintain waste shipment records for at least 2 years. Signed waste shipment records are to be returned to the generator within 35-days of receipt by the disposal facility.  | 40 CFR 61.150(d)(4) and (5) and 40 CFR 61.150(d)  |                      |
| <b>Inspections – Not Applicable</b>  |   |                      |

| <b>Training</b>   |   |  |
|---|---|--|
| 1. OSHA requires asbestos-related awareness training for house-keeping staff and Class III and IV employees.  | 29 CFR<br>1926.1101(k) (9)<br>(vi)  |  |
| <b>Reporting</b>  |   |  |
| 1. Depending on the size of the asbestos abatement project, the campus must notify the relevant regulatory agencies (NYC DEP, NY DOL, and/or USEPA) using required documents (such as NYC DEP ACP 5 or ACP 7 forms) of the impending abatement project, and submit revised notifications if project details change. | 40 CFR 61.145(a)<br>and (b)<br>NYS DOL Title 12<br>Part 56-1.6(b)<br>NYC DEP Title 15<br>Chapter 3<br>Subchapter C, 1-21<br>to 1-25 |  |
| 2. An emergency asbestos project may be filed by telephone notification to the appropriate regulatory agency followed by submission of written notification on standard forms.  | NYC DEP Title 15<br>Chapter 3<br>Subchapter C, 1-26<br>NYS DOL Title 12<br>Part 56-1.7  |  |
| <b>Plans – Not Applicable</b>   |   |  |



**APPENDIX D  
Regulatory Program Area Responsibility**

|   |
|---|
| <b>Regulatory Program</b>   |
| Hazardous Waste Management<br>Universal Waste Management<br>Used Oil Hazardous Waste and Materials<br>Transportation Silver Recovery Systems<br>Medical Waste |
| Boiler Emissions<br>Freon Management  |
| Above ground Storage Tank Management<br>Underground Storage Tank Management   |
| Emergency Planning and<br>Community Right to Know<br>Chemical Tracking System<br>Pesticide Use  |
| Wastewater Disposal   |
| Asbestos Management<br>Lead Abatement<br>Environmental Impact Statements<br>Site Acquisition and Due Diligence  |

**APPENDIX E**

**EMS Record Retention Policy**

| <b>Regulatory Record</b>  | <b>Record</b>  | <b>Retention</b>  |
|---|--|---|
| <b>Hazardous waste generation records</b>                                     | Individual load delivery and other detailed records, including manifest form                   | Three years after waste accepted by transporter                   |
|   | Annual and exception reports (including notifications to TSD facilities and the NYS DEC)       | Three years after due date of report                              |
|   | Waste determinations, test results and waste analyses  | Three years after waste removed                                   |
|   | Notice of initial or updated waste activity  | PERMANENT   |
| <b>Building construction, rehabilitation and reconstruction project files</b> | When asbestos is installed, removed, encapsulated, applied, distributed, or otherwise involved | 30 years  |
|   | NYC DEP combustion source permit to construct  | Three years after the source is removed                           |
|   | NYC DEP VOC source permit to construct   | Three years after the source is removed                           |
|   | NYC DEP combustion source permit to operate  | Until superseded  |
|   | NYC DEP VOC source permit to operate   | Until superseded  |
|   | NYS DEC Air Facility Registration or Permit (including Title V permits)                        | Until superseded or three years after the source has been removed |
| <b>Operating Documents</b>  | Air: Fuel sulfur certifications and semiannual reports   | Three years   |
|   | Air: NO <sub>x</sub> calculations, reports, and fuel consumption records                       | Five years  |
|   | Air: Other permit driven records such as, opacity reports                                      | Five years  |
|   | Air: Records of CFC removal from small appliances  | Five years  |

|                                       |  |  |
|---------------------------------------|--|--|
| <b>Operating Documents</b>            | Air: Leak rate calculations for major refrigeration devices  | Five years   |
|                                       | Water: Silver halide tests and Best Management Practice Plan   | Five years   |
|                                       | Service records for silver recovery equipment  | Five years   |
|                                       | Tier II Reports, FIF, letters of transmittal, and supporting documents   | Five years   |
|                                       | Chemical Bulk storage application and certificates   | Seven years after expiration or termination of registration or denial of application, or seven years after tank removed from service or property sold, whichever is longer |
| <b>Hazardous materials records</b>    | Registration, including application and related records  | Seven years after expiration or termination of registration or denial of application, or seven years after tank removed from service or property sold, whichever is longer |
|                                       | Monthly and ten-year mandatory inspection reports  | Ten years  |
| <b>Petroleum bulk storage records</b> | Daily and other periodic inspection reports  | Ten years  |
|                                       | Test certification for underground storage tank  | Seven years, or until superseded   |
|                                       | Site assessment and related records required when an underground storage tank is abandoned                         | PERMANENT  |
|                                       | Records relating to leakage and spillage   | PERMANENT  |
|                                       | Inventory monitoring records   | Five years for USTs, ten years for ASTs  |
|                                       | Consumption and dispensing records for fuel, oil, or similar products used by publicly owned vehicles or equipment | Six years  |

|   |  |  |
|---|--|--|
| <b>Pesticide (including herbicide, rodenticide, and disinfectant)</b> | Application records, showing kind and quantity used, dosage rate, method of application, target organism, and area and time of application                     | Three years                                  |
|   | Inventory of pesticides (including herbicides, rodenticides, and disinfectants) maintained by a college or the University                                      | 40 years after superseded or obsolete        |
|   | Annual report of pesticides (including herbicides, rodenticides, and disinfectants) used, submitted to New York State Department of Environmental Conservation | 40 years                                     |
|   | Application for business/agency pesticide registration, including all related records  | One year after superseded or no longer valid |

| Record   | Retention  |
|--|--|
| <b>1. Air Act</b>  |  |
| a. HAP monitoring data, system calibration checks, and records of operation, in operation and malfunction, CEMS records                                    | Five years   |
| b. HAP startup, shutdown and malfunction plan  | PERMANENT  |
| c. Revisions of HAP plan   | PERMANENT  |
| d. HAP performance records and emission test data  | Five years   |
| e. Quarterly reports of emission exceedances   | Five years   |
| <b>2. Resource Conservation and Recovery Act (including underground storage tanks)</b>   |  |
| a. Waste manifests, exception reports, biennial reports, laboratory test data, inspection records and reports, employee training documents, annual reviews | Three years  |
| b. Hazardous waste determinations  | PERMANENT  |
| c. Treatment, storage, and disposal Facility inspection records ( <i>operating log</i> )   | Three years  |
| d. Employee training records   | Three years from the date the employee leaves  |
| e. Closure and post-closure records  | Retain the closure plan on file until closure is completed and certified. Retain the post-closure plan on-site until post-closure care begins.   |
| f. Underground storage tanks ( <i>USTs</i> ) – operating instructions  | Retain records documenting the proper operation of the tank for the operating life of the tank.  |
| g. UST release detection system records  | Retain records documenting the proper operation of the system for the operating life of the system. Retain results of all calibration, maintenance, and repairs of release detection equipment for five years. |
| h. UST tightness testes results  | Five years   |
| i. UST closure records   | PERMANENT  |

| Record  | Retention  |
|---|--|
| <b>3. PBS (AST and SPCC)</b>  |  |
| a. Monthly inspection records                                       | Ten years  |
| b. Tank integrity test  | Ten years  |
| c. Tank instillation documents                                      | PERMANENT  |
| d. Records of employee training                                     | Five years   |
| e. SPCC plan reviews  | Five years   |
| f. Spill and corrective action reports                              | PERMANENT  |
| <b>4. Toxic Substances Control Act</b>                              |  |
| a. § 8(a) Information-gathering reports                             | Three years (including supporting documentation, notices that must be sent to customers, and all return receipts signed by customers if applicable).                       |
| b. Inventory reporting rule reports (40 CFR Part 710)               | Four years   |
| c. Significant new use notices (including supporting documentation) | Five years   |
| d. Pre-manufacture notices (including supporting documentation)     | Five years   |
| e. Allegations of significant adverse reactions                     | <ul style="list-style-type: none"> <li>• Retain allegations made by employees for 30 years.</li> <li>• Retain allegations made by third parties for five years.</li> </ul> |
| <b>5. Clean Water Act</b>   |  |
| Discharge monitoring reports  | As long as point source is in existence more than five years   |

| Other Records/Correspondence   | Record Retention Period  |
|--|--|
| <ul style="list-style-type: none"> <li>• Unimportant documents and notes which require no acknowledgment or follow-up, such as letters of transmittal to the EPA or plans for meetings with government representatives.</li> <li>• Form letters which require no follow-up, other documents of inconsequential subject matter or which conclude correspondence to which no further reference will be necessary. Copies of inter-departmental or other university correspondence where another copy of the same document will be in the file.</li> </ul>  | <p>Documents to be destroyed either immediately or within 30 days.</p> |
| <ul style="list-style-type: none"> <li>• Letters of general inquiry and replies which complete a cycle of correspondence and have no value after possible reference from the correspondent within the near future.</li> <li>• Documents requesting specific action, such as name or address change, or complaints which have no further value after changes are made or action taken.</li> <li>• Similar documents of various types which might be referred to shortly after they are received or written, but which soon cease to have value unless further immediate correspondence ensues.</li> </ul> | <p>Documents to be filed temporarily: 30 days to 12 months.</p>        |

**APPENDIX F**

**COMPLIANCE CALENDAR**

**This calendar is not comprehensive and does not include individual institutional permit compliance requirements that may apply. The calendar should be used as a guide. Institutions are encouraged to modify this document to satisfy their own requirements.**

| <b>Due Date</b> | <b>Regulatory Citation</b>                                | <b>Regulatory Requirement</b>  |
|-----------------|---|--|
| January 30      | 40 CFR 60.48 (c)(j) of Subpart Dc                         | Semi-annual reports that include fuel supplier sulfur certificates and the amount of distillate fuel purchased and combusted during the reporting period of July 1 through December 31. Subsequent reports are due every six months.   |
| January 30      | 6NYCRR part 201-7   | Annual capping certification report summarizing annual Oxides of Nitrogen emissions is due for facilities that are issued federally enforceable emission caps. The report shall include monthly and 12 month rolling totals for NOx emissions based upon the quantity of each fuel fired at the facility. Subsequent reports are due every 12 calendar months. |
| February 1      | Pesticide Reporting Law (PRL), (ECL Article 33, Title 12) | Annual pesticide use reports are due detailing pesticide activities for the prior year. Certified pesticide applicators and technicians applying pesticides are required to submit reports. All certified applicators and technicians are required to report even if no applications were made during the reporting period.                                    |
| March 1         | The Administrative Code of the City of New York § 24-707  | Annual New York City Community Right to Know reports are due for any facility that possesses any substance on the hazardous substance list or the special health hazard list in the preceding calendar year in a quantity that exceeds the threshold reporting quantities established in this citation.  |

|         |   |   |
|---------|---|---|
| March 1 | 40 CFR 262.40(b) and 262.41(a); and NYS Title 6, 372.2(c)                                       | <p>Annual Hazardous Waste Report due for facilities that generate hazardous waste meeting the following criteria:</p> <ul style="list-style-type: none"> <li>• The site generated 1,000 kg or more of RCRA or New York State hazardous waste in any single month; or</li> <li>• The site generated in any single month, or accumulated at any time more than 1 kg of RCRA acute hazardous waste; or</li> <li>• The site generated in any single calendar month, or accumulated at any time, more than 100 kg of spill cleanup material contaminated with RCRA acute hazardous waste.</li> </ul> |
| March 1 | The New York State Low-Level Radioactive Waste Management Act (Chapter 673 of the Laws of 1986) | The annual low level radioactive waste (LLRW) report is due for facilities that generate, store or dispose of LLRW. The New York State Low-Level Radioactive Waste Management Act requires LLRW generators in New York State to submit annual reports regarding such waste to the New York State Energy Research and development Authority (NYSERDA).   |
| July 30 | 40 CFR 60.48 (c)(j) of Subpart Dc   | Semi-annual reports are due for institutions subject to the requirements of this citation. The report shall include the fuel supplier sulfur certificates and the amount of distillate fuel purchased and combusted during the reporting period of January 1 through June 31. Subsequent reports are due every six months.  |

## APPENDIX G

### ENVIRONMENTAL METRICS TRACKING FORM

#### Instructions:

1. Metrics  
The campus will choose between three and five metrics (*see Sample Metrics below*) for each year. Metrics from a previous year may be reused, but the goals should be updated. Each metric selected must be quantifiable.
2. Goals  
For each metric, the campus will designate a goal and stretch goal.
3. Scoring  
The metric will be scored on a scale of 1 to 10. A score of 1 is the baseline, a score of 7 is the goal and a score of 10 is the stretch goal. *Score Designations* are determined by dividing the metric evenly amongst the baseline and goal and stretch goal designations. The *Score* will be the 1 to 10 *Score Designation* that is closest to the actual number.
4. Tracking Form Deadlines  
Campuses will submit metrics for the coming year by May 31. Status reports are due mid-year by December 31, and end of year by June 30.

#### Sample Metrics:

- Days between lab inspections.
- Percent of research labs in complete compliance during monthly inspections.
- Days between reporting a problem and coming to a resolution (such as on a monthly inspection form).
- Number of spill drills held.
- Number of independent waste streams identified.

**Environmental Metrics Tracking Form**

**Metrics Report: Mid-year status report (e.g., upcoming year, mid-year status, end-of-year status)**

| Name of Metric                                | Score Designations |     |     |     |     |     |           |     |     |                       | Score                |
|---|--------------------|-----|-----|-----|-----|-----|-----------|-----|-----|-----------------------|----------------------|
|   | Baseline<br>1      | 2   | 3   | 4   | 5   | 6   | Goal<br>7 | 8   | 9   | Stretch<br>Goal<br>10 |                      |
| ex. Percentage of research labs in compliance | 30%                | 40% | 50% | 60% | 70% | 80% | 90%       | 93% | 96% | 100%                  | 6<br>(actual is 82%) |
|   |                    |     |     |     |     |     |           |     |     |                       |                      |
|   |                    |     |     |     |     |     |           |     |     |                       |                      |
|   |                    |     |     |     |     |     |           |     |     |                       |                      |

## APPENDIX H

### GLOSSARY

#### **Air Emissions**

Any physical, chemical, biological or radioactive substance or matter that is emitted into or otherwise enters the ambient air surrounding a property and contains air pollutants as defined in Section 302 of the Clean Air Act, as amended, 42 U.S.C, 7602.

#### **Applicable Personnel (also *Applicable Person*)**

Any individual (student, faculty or staff member within the CUNY system) whose work or association with certain materials or services necessitates that the individual be trained in subjects relevant to those materials or services to ensure the individual's health and safety and the health and safety of the environment.

#### **Asbestos-Containing Material (ACM)**

Any material that contains asbestos, a mineral fiber that can pollute air or water and cause cancer or asbestosis when inhaled. EPA has banned or severely restricted the use of asbestos in manufacturing and construction. All ACMs must be treated according to certain protocols referred to in this EMS.

#### **Campus**

Refers to the individual institutions that are a part of the CUNY system.

#### **Chemical Storage**

Chemical storage procedures reduce health or physical hazards posed by chemical compounds during storage in the lab. Proper storage is designed to protect flammables from ignition, minimize the potential of exposure to poisons, and segregate incompatible compounds to prevent their accidental mixing (via spills, residues, earthquakes, fires or human error).

#### **Chemical Tracking System (CTS)**

A CTS will enable the University to track all the chemicals stored and used at the Campuses, and to manage the purchase, storage, use and disposal of chemicals safely and efficiently facilitating the University's ability to remain in compliance with regulations.

#### **Corrective Measure Notice (CM Notice)**

A written notice given to the relevant EMS Representative of a particular Campus and, if applicable, the principal investigator indicating the problem, a plan for correcting the problem and a deadline by which the required corrective action must be taken.

### **Compliance**

An affirmative indication or judgment that the supplier of a product or service has met the requirements of the relevant specifications, contract, or regulation; also the state of meeting the requirements.

### **Conservation**

Preserving and renewing, when possible, human and natural resources. The use, protection and improvement of natural resources according to principles that will ensure their highest economic or social benefits.

### **Corrective Actions (also *Corrective Measures*)**

An action or measure taken to eliminate the causes of an existing nonconformity, defect, or other undesirable situation in order to prevent recurrence.

### **Due Diligence**

The goal of environmental due diligence is to identify potential areas of concern and to quantify the costs and timeframe potentially needed for remediation. Due Diligence includes Environmental Site Assessments, Environmental Compliance Audits, and preparation of environmental liability and compliance cost estimates.

### **Environmental Management System (*EMS*)**

A set of processes and practices that enable an organization to reduce its environmental impacts and increase its operating efficiency. An EMS is a continual cycle of planning, implementing, reviewing and improving the processes and actions that an organization undertakes to meet its business and environmental goals.

### **Environmental Protection Agency (*EPA*)**

A federal agency created in 1970 that works for a cleaner, healthier environment for the United States of America. EPA leads the nation's environmental science, research, education and assessment efforts by developing and enforcing regulations, performing environmental research, offering financial assistance, sponsoring voluntary partnerships and programs, publishing information and furthering environmental education.

### **Internal Audit Program**

An assessment conducted by CUNY employees of the current status of a party's compliance with applicable environmental health and safety requirements or of a party's environmental health and safety compliance policies, practices, and controls.

### **Large Quantity Generator**

Person or facility generating more than 2200 pounds of hazardous waste per month. Such generators produce about 90 percent of the nation's hazardous waste, and are subject to all RCRA requirements.

## **Manual**

Refers to the most updated version of this CUNY Environmental Management System.

## **Oil Storage**

Oil Storage drums must be clearly marked and labeled. Avoid storing oil in drums that are rusty, dented or may leak at a future time. The area where the drums are to be stored should be a suitable inside area that is cool and dry. Secondary containment is required for all oil containers.

## **Pollution Prevention**

Any activity that reduces or eliminates pollutants prior to recycling, treatment, control or disposal. The underlying theory to this approach is that if one does not generate waste in the first place, there is nothing to treat or dispose of.

## **Preventive Actions**

Use of processes, practices, materials or products that avoid, reduce or control potential problems, such as recycling, treatment, process changes, control mechanisms, efficient use of resources and material substitution to address pollution.

## **Small Quantity Generator (SQG)**

Persons or enterprises that produce between 220 and 2200 pounds per month of hazardous waste; they are required to keep more records than conditionally exempt generators.

## **Target Project**

Detailed performance requirement, quantified wherever practicable, applicable to the organization or parts thereof, that arises from the environmental objectives and that needs to be set and met in order to achieve those objectives.

## **University**

Refers to the entire City University of New York system including all of its campuses, programs, students, faculty and staff.

## **Waste Management**

Waste Management is the collection, transport, processing, recycling or disposal of waste materials produced by human activity, and is generally undertaken to reduce their effect on health, aesthetics or amenity. Waste management is also carried out to reduce the materials' effect on the environment and to recover resources from them. Waste management can involve solid, liquid or gaseous substances, with different methods and fields of expertise for each.

## **Wastewater Discharge**

Wastewater is the spent or used water from homes, communities, farms and businesses that contains enough harmful material to damage the water's quality. Wastewater includes both domestic sewage and industrial waste from manufacturing sources. Metals, organic pollutants,

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sediment, bacteria and viruses may all be found in wastewater. As a result, untreated wastewater can cause serious harm to the environment and threaten human life.