

TO: Hazardous Materials – New License Applicants

Please complete the attached Application for **HAZARDOUS MATERIALS REGISTRATION APPLICATION**. Along with the HAZARDOUS MATERIALS REGISTRATION FORMS; and Workers Compensation Affidavit form.

Return all completed documents to: Canton Board of Health, Administrative Office, 79 Pleasant Street (Pequitside Farm), Canton, MA 02021. If you have any question relating to the application process please contact Diane White, Board of Health Administrative Assistant @ 781 821 5021. Office hours are 8am – 4 pm, Monday through Friday.

A copy of the Town of Canton General By-Law which relates to Hazardous Materials is enclosed. Please keep this General By-Law at your facility.

THE COMMONWEALTH OF MASSACHUSETTS
CANTON BOARD OF HEALTH
79 PLEASANT STREET, CANTON, MA 02021
(781) 821-5021

****APPLICATION FOR HAZARDOUS MATERIALS PERMIT/LICENSE****

DATE: _____

ANNUAL FEE: \$50.00

PERMIT/LICENSE TYPE:

HAZARDOUS MATERIALS REGISTRATION

LICENSING PERIOD: FEBRUARY 1, _____ – JANUARY 31, _____

“TO THE LICENSING AUTHORITY: THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT/LICENSE IN ACCORDANCE WITH THE PROVISIONS OF THE STATUTES RELATING THERETO”, PERSON, FIRM OR CORP. MAKING APPLICATION:

PERSON, FIRM, CORP. NAME: _____

BUSINESS ADDRESS/LOCATION: _____

BUSINESS PHONE#: _____

EMAIL ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

EMERGENCY COORDINATOR NAME: _____

HOME PHONE: _____ WORK PHONE: _____

SIGNATURE OF INDIVIDUAL, OR CORP, NAME: _____

BY CORPORATE OFFICER: _____

SOCIAL SECURITY NO. OR FEDERAL INFO NO: _____

Canton Board of Health
HAZARDOUS MATERIAL REGISTRATION FORMS -
[In conjunction with the TOWN OF CANTON HAZARDOUS
MATERIALS GENERAL BYLAW]

COMPANY NAME: _____
 ADDRESS: _____
 TELEPHONE: _____
 FAX: _____

TYPE OF BUSINESS: List principle products or services _____

HAZARDOUS MATERIALS ON SITE:

MATERIAL NAME & LOCATION	*TYPE OF STORAGE	APPROXIMATE QUANTITY

*(Use codes: U=under ground tank; AT=above ground tank; AC=above ground containers or drums)

EMERGENCY EQUIPMENT

(Protective Clothing, Respirator, goggles, etc.)

EQUIPMENT NAME AND LOCATION: _____

POSTING REQUIRED

Are all locations where hazardous materials are stored or used in quantities that could cause a hazard, posted with warning signs of bright yellow or other bright color, indicating the potential danger and how to overcome or avoid such danger? _____

MATERIALS SAFETY DATA SHEETS EMERGENCY CONTINGENCY PLAN

Where are the Materials Safety Data Sheets for all hazardous materials kept on file? _____

Where is the Emergency Contingency Plan kept on file?

(Refer to Attachment "A" - Designing a Contingency Plan). _____

EMPLOYEE TRAINING

Have all employees been trained to ensure proper handling of all hazardous materials? _____

If so, list instructors' name and describe the training program: _____

If not, when will training be completed? _____

HAZARDOUS MATERIALS STORAGE

List all underground tanks, age, size, type, and materials stored within. Give the date on which each tank was last tested and the test schedule now being followed.

Are all aboveground containers used to store hazardous materials enclosed by a dike of impermeable construction with the capability of holding a spill equal to or greater than the volume of materials stored within? _____

If not, list the locations where renovations must be made specifying the materials stored and the date renovations will be completed. _____

HAZARDOUS WASTE DISPOSAL

Describe the method of disposing of all hazardous waste: _____

Name of Person Submitting the Form

SIGNATURE

DATE

Return to: Canton Board of Health
Pequitside Farm
79 Pleasant Street
Canton, MA 02021

Enclose - \$50.00 FEE (Payable to: Town of Canton)

DESIGNING A CONTINGENCY PLAN

(Taken from: "Designing a Contingency Plan" by Richard F. Cahaly, Corporate Environmental Program Manager, Polaroid Corporation).

A contingency plan which complies with Canton's "Hazardous Materials Bylaw" must include the following items:

1. List all qualified "Emergency Coordinators": include names, addresses, and telephone numbers. Such coordinators must have special skills, knowledge, and authority.
2. List the various locations and ways in which an emergency can come about.
3. List the techniques and procedures to be used for either prevention from occurrence, or after occurrence, for each potential emergency listed in (2) two above. Techniques may be passive, such as containment dikes, or active such as the requirement to close a valve or activate spill control equipment.
4. List all relevant and available emergency equipment (including medical supplies), indicating locations, physical descriptions, and a brief description of the capability of the equipment.
5. Summarize the arrangements made with outside agencies or organizations for receiving their services during an emergency. It is your obligation to determine what outside help you need for all potential emergencies listed in (2) two above.
6. Describe the evacuation plan for facility personnel, indicating the signal or sound which begins the evacuation, departure routes and alternate routes.
7. Acknowledge any existing plans and indicate how they relate to this plan.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information _____ **Please Print Legibly**

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Are you an employer? Check the appropriate box:

1. I am a employer with _____ employees (full and/or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (Required)

5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (incl. real estate, auto etc.)
8. Non-profile
9. Entertainment
10. Manufacturing
11. Health Care
12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their **workers' compensation** policy information.

If the corporate officers have exempted themselves, but the corporation has other employees, a **workers' compensation policy is required and such an organization should check box #1

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official

City or Town: CANTON Permit/License # _____

Issuing Authority (circle one):

1. Board of Health
2. Building Department
3. City/Town Clerk
4. Licensing Board
5. Selectmen's Office
6. Other _____

Contact Person: DIANE J. WHITE Phone #: **781 821 5021**

Information and Instructions

Massachusetts **General** Laws chapter 152 requires all employers to provide **workers' compensation** for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the **insurance** requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the **workers' compensation affidavit** completely, by checking the boxes that apply to your situation and, if necessary, supply your **insurance** company's name, address and phone number along with a certificate of **insurance**. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry **workers' compensation insurance**. If an LLC or LLP does have employees, a policy is required. Be advised that this **affidavit** may be submitted to the Department of Industrial Accidents for confirmation of **insurance** coverage. **Also be sure to sign and date the affidavit.** The **affidavit** should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a **workers' compensation** policy, please call the Department at the number listed below. Self-insured companies should enter their self-**insurance** license number on the appropriate line.

City or Town Officials

Please be sure that the **affidavit** is complete and printed legibly. The Department has provided a space at the bottom of the **affidavit** for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one **affidavit** indicating current policy information (if necessary). A copy of the **affidavit** that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid **affidavit** is on file for future permits or licenses. A new **affidavit** must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this **affidavit**.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100, Boston, MA 02114-2017
Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749