

January 17, 2017

LOS ANGELES FIRE DEPARTMENT



RALPH M. TERRAZAS
FIRE CHIEF

December 22, 2016

BOARD OF FIRE COMMISSIONERS
FILE NO. 17-010

TO: Board of Fire Commissioners

FROM: *RMT* Ralph M. Terrazas, Fire Chief

SUBJECT: CERTIFIED UNIFIED PROGRAM AGENCY EVALUATION FEEDBACK
FOR DECEMBER 2016

FINAL ACTION:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Corrections	<input type="checkbox"/> Withdrawn
	<input type="checkbox"/> Denied	<input type="checkbox"/> Received & Filed	<input type="checkbox"/> Other

SUMMARY

The California Environmental Protection Agency (CalEPA) along with the California Emergency Management Agency, Office of the State Fire Marshal, Department of Toxic Substances Control, and the State Water Resources Control Board, conducted a program evaluation, from July 29 through July 31, 2014, of the Los Angeles Fire Department's (LAFD) Certified Unified Program Agency (CUPA).

This evaluation is mandated by the Health and Safety Code, Chapter 6.121, to be conducted at least once every three years, in order to verify the Certified Program Agency's implementation of the Unified Program (UP).

As noted on the update report, the State has changed the performance status of the LAFD CUPA program from "unsatisfactory" to "satisfactory." In addition to the status change, the State also released LAFD CUPA from the Program Improvement Agreement. During the most recent Deficiency Progress Report #7, LAFD CUPA was able to close an additional three deficiencies leaving only five deficiencies remaining.

Beginning January 4, 2017, the CUPA Program will continue to resolve the remaining deficiencies and is being reevaluated by California Environmental Protection Agency.

Attached for your review:

1. The 109-page Deficiency Progress Report #7 which lists each deficiency and the corrective action that was taken as well as the State's response to that action.

The Department will provide a progress report to the Board of Fire Commissioners at a future meeting.

RECOMMENDATION

That the Board:
Receive and file this report.

DISCUSSION

The current status of the 19 deficiencies is as follows:

- Fourteen deficiencies corrected
- Five deficiencies are “work in progress”

DEFICIENCY	PROGRAM ELEMENT	STATUS	PROJECTED COMPLETION DATE
# 1	UST	CORRECTED	NOVEMBER 2016
# 2	UST TESTING DOCUMENTS SUBMITTAL	WORK IN PROGRESS	DECEMBER 2016
# 3	UST INSPECTION REPORTS	CORRECTED	DECEMBER 2016
# 4	SOC/UST DATA SUBMITTAL TO STATE	CORRECTED	SEPTEMBER 1, 2015
# 5	UST COMPLIANCE INSPECTIONS - PROCEDURES	WORK IN PROGRESS	DECEMBER 2016
# 6	ALL PROGRAMS – INSPECTION REPORTS	WORK IN PROGRESS	DECEMBER 2016
# 7	CONSOLIDATED PERMIT - UST	WORK IN PROGRESS	MARCH 2017
# 8	UST TEST RESULTS – REVIEW	WORK IN PROGRESS	DECEMBER 2016
# 9	HMBP SUBMITTAL	WORK IN PROGRESS	ONGOING
#10	PA – LA COUNTY FIRE	CORRECTED	JULY 2016
#11	AREA PLAN	CORRECTED	AUGUST 2016
#12	APSA INSPECTIONS	CORRECTED	APRIL 2016
#13	HMBP ACCESS TO FIRST RESPONDERS	CORRECTED	JULY 2016
#14	PA – LA COUNTY FIRE EVALUATION	CORRECTED	DECEMBER 2016
#15	HEALTH & SAFETY TRAINING	CORRECTED	APRIL 23, 2015
#16	PA – LA COUNTY FIRE	CORRECTED	JULY 2015
#17	PA- LA COUNTY FIRE	CORRECTED	OCTOBER 2015
#18	DTSC REFERRALS	CORRECTED	APRIL 23, 2015
#19	COMPLIANCE, MONITORING AND ENFORCEMENT (CME) DATA	CORRECTED	JULY 2016

Board report prepared by Kristin Crowley, Acting Deputy Chief, Fire Prevention and Public Safety Bureau.

Attachments

City of Los Angeles Fire Department
CERTIFIED UNIFIED PROGRAM AGENCY
Deficiency Progress Update Report 7

EVALUATION DATE(S):	July 29, 2014 – July 31, 2014				
CUPA:	City of Los Angeles Fire Department				
Post-EVALUATION TEAM MEMBERS:	CalEPA Team Lead	DTSC	Cal OES	State Water Board	CAL FIRE - OSFM
	Katrina Valerio	Asha Arora	Edward Newman	Laura Fisher Sean Farrow	Jenna Yang
Deficiency Pending	2, 5, 7, 8, 9				
Deficiencies Corrected	1, 3, 4, 6, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19				
Updates Received	Update 1: April 23, 2015 Update 2: July 23, 2015 Update 3: October 22, 2015 Update 4: January 21, 2016		Update 5: April 22, 2016 Update 6: July 22, 2016 Update 7: October 26, 2016		
Next Update Due by	N/A – Pending deficiencies carried over to 2017 Evaluation				

To complete the evaluation process, CUPAs submit Deficiency Progress Reports to CalEPA that explain their progress towards correcting the identified deficiencies. Deficiency Progress Reports are due quarterly after the evaluation date until all deficiencies have been corrected.

Questions or comments regarding this evaluation should be directed to the attention of the CalEPA Evaluation Team Lead:

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Unified Program
CalEPA
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The CUPA is required to submit a **Deficiency Progress Report every 90 days** from the agreement approval date, until all deficiencies have been acknowledged as corrected.

Each **Deficiency Progress Report** must include a narrative describing the Corrective Actions on **all** deficiencies identified in the Summary of Findings evaluation report.

Deficiency Progress Report submittal dates for the second year following the evaluation are as follows:

Update 5: April 25, 2016
Update 6: July 25, 2016
Update 7: October 24, 2016
Update 8: N/A

1.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	<p>The CUPA is not inspecting all underground storage tanks (UST) facilities annually.</p> <ul style="list-style-type: none"> Fiscal Year (FY) 12/13, the CUPA inspected 66% of its regulated facilities; FY 11/12, the CUPA inspected 69% of its regulated facilities; FY 10/11, the CUPA inspected 48% of its regulated facilities. <p>This deficiency was also cited in 2009, but considered corrected during the update reporting process.</p>	<p>By April 23, 2015, the CUPA will perform a thorough analysis of the UST element of the unified program and conclude the reasons why the annual compliance inspection requirement is not being met. This analysis shall include discussion on existing staffing resources and how many inspections each inspector is capable of conducting annually. This analysis should be submitted to CalEPA with a plan for addressing all the reasons why the annual compliance inspections are not being met, and how the annual compliance inspection frequency will be met by October 23, 2015.</p> <p>By April 23, 2015, the CUPA shall identify those USTs that have not been inspected in the last year or for multiple years, and prioritize those inspections to be completed prior to any other annual compliance inspection. By July 23, 2015, the CUPA shall inspect those USTs that have not been inspected in the last year or for multiple years.</p>

Deficiency Progress Update 1:

CUPA has performed a thorough analysis of the UST element of the unified program to determine needed resources to meet the annual compliance inspection frequency.

The survey to estimate inspection time, including documents review and follow up for all facility types was distributed to all ICC certified inspectors and collected. The data was referred to statistician for required analysis and the "UST Inspection Workload Analysis" was created (Attachment 1). CUPA is in a process of implementing the report findings and right-sizing the current staffing levels.

CUPA has identified 581 UST's facilities that have not been inspected in the last year or multiple years and prioritized the annual compliance inspections for these overdue facilities.

The following action items were taken by the Fire Marshal in an effort to move CUPA and specifically this deficiency towards 100% compliance.

- A data "cleanup" was conducted to ensure accurate metrics
- In March 2015 four members were returned to full duty, transferred into, or detailed for a period of time to CUPA with an emphasis on UST inspections.
- Five members assigned to CUPA and six total passed a "pencil paper" ICC Exam administered on March 31st. This raises our number of ICC inspectors to 11 which have an immediate positive impact on our inspection totals.

Evaluation Team Response:

The CUPA has not fully complied with the corrective action.

The correction for this deficiency requires the CUPA to:

- 1) perform a thorough analysis of the UST element of the unified program and conclude the reasons why the annual compliance inspection requirement is not being met,
- 2) provide a discussion on existing staffing resources and how many inspections each inspector is capable of conducting annually,
- 3) outline the reasons why the annual compliance inspections are not being met,
- 4) and how the CUPA will meet the compliance inspection frequency by October 23, 2015.

The UST Inspection Workload Analysis for the LAFD CUPA Unit provided by the CUPA provides a statistical analysis of staff activities, but draws no conclusions, nor does it address the ultimate correction of the deficiency.

The CUPA has stated that 581 identified USTs have not been inspected in the last year or multiple years and prioritized the annual compliance inspections for these overdue facilities.

State Water Board notes the CUPA's efforts to make UST training available to CUPA staff, resulting in the addition of six (6) ICC certified staff to the CUPA Unit.

The State Water Board finds the CUPA's submittal for Deficiency 1 unacceptable. State Water Board's UST Unit Chief Laura S. Fisher, met with Chief Vidovich on May 11, 2015 and again with Captain Miller on May 12, 2015 to verbally discuss this unacceptable submittal and provided further direction on how the CUPA can improve and satisfy the intent of the corrective action.

Action Plan for the CUPA:

Within thirty (30) days of receipt of Evaluator Team response the CUPA will provide to CalEPA:

1. a revised staffing and resource analysis which includes the criteria outlined in the Corrective Action, and
2. a list of 581 USTs referenced in CUPA Deficiency Progress Update 1 that have not been inspected in the last year or multiple years so as to verify completion of Corrective Action.

Deficiency Progress Update 2:

1. The Fire Stat Section of LAFD conducted an estimate of the number of ICC (International Code Council) Certified inspectors the CUPA unit should maintain in order to complete all mandated Underground Storage Tank (UST) inspections in a 1-year inspection cycle.

The "Safe" Scenario with the following assumptions, has been selected for implementation:

	Facility Group	# Facilities	Estimated Mean Inspection Time	Estimated Hours Required
Group 1	Single Tank	288	8	2,304
	Between 2 -4 Tanks	655	9	5,895
Group 2	25% of total between 1-4 Tanks	314	11	3,454

Total Hours For the Scenario 11,653

The simulation assumes an inspector capacity of 54 hours per pay period or a total of 1404 hours every 1-year inspection cycle.

Number of Inspectors	Inspector Quota	Inspector Workload Per Pay Period	Expected Unit Utilization	
	(#Facilities Per Inspector)	(26 Periods a Year)	Optimistic Estimate	Safe Estimate
7	180	6.9	91%	119%
8	157	6	79%	104%
9	140	5.4	71%	92%
10	126	4.8	64%	83%

Expected inspector utilization:

	Number of Inspectors			
	7	8	9	10
Unit Capacity (hours/year)	9,828.00	11,232.00	12,636.00	14,040.00
Utilization Rate	119%	104%	92%	83%

The estimated inspector quota and unit utilization are based on the number of active Underground Storage Tank (UST) facilities with less than 5 units (95% of the total facilities in the system).

Conclusion: with 92% Utilization Rate, the number of UST inspectors required for completing 100% routine UST inspections is: **9**. With that staffing level, the UST inspector is expected to average about 13 complete inspections monthly or 156 annually. Effective July 1, 2015, the current staffing is 8 ICC Certified Inspectors, with the remaining four eligible for the exam within 6 months, allowing CUPA to meet the compliance inspection frequencies in the FY 2015/16.

For a full Fire Prevention Bureau Workflow Analysis and Overview see Attachment 6. Through an increased number of inspectors, improved technology, enhanced engagement of supervisors, and other competences that are being implemented, the FPB will be able to accomplish an efficient inspection process.

2. The list of the USTs overdue inspections (that have not been inspected in the last year or multiple years) is provided in Attachment 1.

Evaluation Team Response:

The CUPA has not fully complied with the Corrective Action.

State Water Board acknowledges the CUPA's Fire Prevention Bureau Workflow Analysis and Overview submittal (Attachment 6) and the CUPA's list of overdue UST inspections (Attachment 1) which was due in Update 1.

The correction for this deficiency requires the CUPA to:

1. Perform a thorough analysis of the UST element of the unified program and conclude the reasons "why" the annual compliance inspection requirement is not being met.
2. This analysis shall include discussion on existing staffing resources and how many inspections each inspector is capable of conducting annually.
3. This analysis should be submitted to CalEPA with a plan for addressing all the reasons "why" the annual compliance inspections are not being met, and "how" the annual compliance inspection frequency will be met by October 23, 2015.

4. By April 23, 2015, the CUPA shall identify those USTs that have not been inspected in the last year or for multiple years, and prioritize those inspections to be completed prior to any other annual compliance inspection.
5. By July 23, 2015, the CUPA shall inspect those USTs that have not been inspected in the last year or for multiple years.

State Water Boards review of the CUPA's Fire Prevention Bureau Workflow Analysis and Overview submittal finds, the CUPA provides statistical numbers of the workload that staff can handle, identifies the current number of staff employed, and concludes the number of staff needed to inspect all UST facilities annually. However, the CUPA does not conclude the reasons "why" it is not meeting the UST inspection frequency in accordance with the Corrective Action Item 1.

State Water Board acknowledges the CUPA addressing the requirements of Item 2, by discussing existing staff resources and the number of inspections, each inspector is capable of conducting annually in its Fire Prevention Bureau Workflow Analysis and Overview dated June 1, 2015. The CUPA Staffing Requirements chart shows the CUPA has eight (8) current staff members for CUPA Underground Storage Tanks and recommends adding one (1) additional staffing individual. The CUPA's narrative to Update 2 concludes that to complete 100% of its routine annual UST compliance inspections, nine (9) ICC UST certified staff are needed to implement the UST program and identifies that it currently has eight (8) ICC UST certified inspectors. Lastly, the CUPA states in its Update 2 narrative, "Effective July 1, 2015, the current staffing is 8 ICC Certified Inspectors, with the remaining four eligible for the exam within 6 months, allowing CUPA to meet the compliance inspection frequencies in the FY 2015/16." This statement suggests to State Water Board that the CUPA has 12 CUPA staff of which eight (8) are ICC UST certified to conduct annual UST compliance inspections and four (4) are scheduled to take the ICC exam within 6 months.

State Water Boards review of the CUPA's Fire Prevention Bureau Workflow Analysis and Overview submittal for Item 3 finds the CUPA does not provide an actual plan addressing all the reasons "why" the annual compliance inspections are not being met and "how" the annual compliance inspection frequency will be met by October 23, 2015.

The second part to Deficiency 1 (Item 4) requires the CUPA to submit to the State Water Board, a list identifying UST facilities that have not been inspected in the last year or for multiple years. In update 1, the CUPA stated that it had identified 581 facilities that were overdue for inspection, but did not provide a list identifying those facilities. With update 2, the CUPA provided a list of 389 facilities. The CUPA does not provide a narrative update describing what is included in the list, nor does the CUPA prioritize those UST facility inspections to be completed prior to any other annual UST compliance inspection. The CUPA simply writes in Update 2, "The list of the USTs overdue inspections (that have not been inspected in the last year or multiple years) is provided in Attachment 1."

The CUPA's Update 2 narrative addresses, having the inspection staff necessary to inspect all UST facilities for FY 2015/2016 however, the CUPA does not address prioritizing and inspecting those facilities identified as not being inspected in the last year or for multiple years by July 23, 2015 (Item 5). Since July 23, 2015 has come and gone, the CUPA has not complied with this part of the Corrective Action.

Action Plan for the CUPA:

1. Within ten (10) days of receipt of the Evaluator Team response, the CUPA will provide to CalEPA a formal conclusion of "why" the CUPA is not meeting annual UST compliance inspection frequency requirements. Additionally, the CUPA will provide to CalEPA a formal plan for addressing all the reasons "why" annual compliance inspection frequencies are not being met and "how" the annual compliance inspection frequency will be met by October 23, 2015. Please note this is the State Water Board's third request for information.
2. Within ten (10) days of receipt of the Evaluator Team response, the CUPA will provide to CalEPA, a current list of facilities that have not been inspected within the last year or multiple years.

3. Within ten (10) days of receipt of the Evaluator Team response, the CUPA will provide to CalEPA, a narrative on efforts already employed to reduce the list of those identified as not being inspected in the last year or for multiple years. Please note this is the State Water Board's third request for information.
4. As discussed above, because the Update is slightly confusing, please confirm that the CUPA intends to maintain 12 UST staff. Also, please identify how many UST staff are fulltime and permanent status, and if not what their designated allocation is.

Deficiency Progress Update 3:

LAFD CUPA RESPONSE TO ACTION PLAN ITEM #1 – “Why” the LAFD CUPA has not met the annual UST compliance inspection frequency requirements in previous years:

- STAFFING – The LAFD CUPA's struggle with staff retention has directly affected the number of annual inspections completed.
- UNIT STRUCTURE – Every LAFD CUPA inspector was tasked with completing inspections for every program (e.g. HMBP, UST and AST) which increased the inspection workload for each inspector.
- INSPECTIONS ASSIGNED ON A FACILITY-BY-FACILITY BASIS – Inspectors were assigned inspections on a facility-by-facility basis, for the entire city. This, in turn, created issues with establishing and maintaining rapport with facility representatives from year-to-year, violation follow-up, record retention, and tracking overdue inspections.
- INSPECTION PROCESS & DOCUMENTATION – Inspections were documented using a two-part hardcopy inspection report comprised of an inspection checklist and a notice-of-violation, and two sets of each were created for every inspection. All 4 pages would be signed by the inspector and by the regulated facility representative—one set of documents was provided to the facility representative, and the inspector retained the other set. Violations were tracked manually by each inspector and compiled on a paper spreadsheet which increased inspection follow-up time while decreasing time spent conducting inspections.
- SOFTWARE CHALLENGES – The LAFD CUPA utilizes Decade's EnvisionConnect software to generate an inspector 'To-Do' list that tracked inspections due for the current fiscal year as well as those inspections which had become overdue. However, the software is not without its flaws and some inspections were not appearing on inspector 'To-Do' lists and, therefore, were not being inspected on an annual basis. “

“HOW” annual compliance inspection frequencies will be met:

- INCREASED FULLTIME STAFFING – The LAFD CUPA unit has increased the number of full-time inspectors to 14, which reduced the inspection workload for each inspector.
- UNIT RESTRUCTURE - The LAFD CUPA restructured the unit so that inspectors are assigned to specific types of inspections which enables inspectors to focus on quality inspections and ensure consistent enforcement and efforts to achieve compliance:
 - a. UST & AST Inspectors - 8 full-time ICC certified UST inspectors. Each inspector is responsible for approx. 165 UST inspections and approx. 15 AST inspections per year.
 - b. HMBP Inspectors - 6 full-time HMBP inspectors. (Two of these six HMBP inspectors are ICC certified and will fill-in, as necessary, and inspect USTs and ASTs.) Each inspector is responsible for approx. 383 HMBP per year.
- DISTRICT ASSIGNMENTS – Inspectors have been assigned districts. This improves compliance inspection frequency since inspectors will now be able to:
 - a. **Establish and maintain** rapport with regulated facilities—an essential component to ensuring regulated facility compliance with state laws and regulations.
 - b. **Track and follow-up** with issued violations

- c. **Plan inspections** in advance with regulated facilities
- d. **Foresee inspections** before they become overdue
- **INSPECTION PROCESS & DOCUMENTATION** – On January 28, 2015, the LAFD CUPA implemented Decade’s EnvisionConnectRemote software which streamlined the inspection process by computerizing inspections, simplifying inspection documentation, enabling electronic violation tracking and creating an environment for seamless CME uploads.
 - a. **Computer inspections** – Inspections are conducted entirely within one program, wirelessly on a laptop computer and results are synchronized to the main EnvisionConnect program.
 - b. **Single inspection document** – The inspection checklist and notice-of-violation have been condensed into a single computerized inspection in which signatures are captured and the finalized inspection report can be exported to PDF, and emailed to the regulated facility representative or printed as a hardcopy.
 - c. **Violation tracking** – Violations are now electronically entered, tracked and cleared within the EnvisionConnectRemote program. This has the added benefit of simplifying the CME upload process since the inspection violations are input directly into the system during each inspection, synchronized to the main EnvisionConnect program—making obsolete the need to transfer violations manually from paper to the computer system.
- **SOFTWARE CHALLENGES** – The LAFD CUPA unit is continually working to correct and improve Decade’s ‘To-Do’ list, so that every regulated UST facility is listed and annually inspected. Simultaneously and independent of that task, the LAFD CUPA unit created a master-list of every UST facility within its jurisdiction and is working on adding a ‘last-inspection’ date and status (e.g. active/inactive) for every UST facility listed. This will ensure that every regulated UST facility is accounted for and inspected annually.

LAFD CUPA RESPONSE TO ACTION PLAN ITEM #2:

The current list of UST Facilities Not Inspected Within Last Year or Multiple Years (Total = 185) is included in Attachment B.

LAFD CUPA RESPONSE TO ACTION PLAN ITEM #3:

NOTE: The list of 389 facilities sent for CUPA’s Update 2, was inaccurate and sent in error. Please disregard this document.

The LAFD CUPA encountered a number of challenges in its attempt to identify facilities with overdue inspections and the anticipated 1-2 day project turned into a month-long research and problem-solving project. Below are two examples of these challenges and their respective solutions:

- **INSPECTION CODE CHANGES**
 - **CHALLENGE** - The 'Daily Time and Activity' codes used to indicate facility inspections were changed over the years which complicated the process of querying, and made identifying the ‘last-inspection date’ for facilities a moving target.
 - **SOLUTION** - In November of 2014, the LAFD CUPA proactively overhauled its inspection documentation process in EnvisionConnect by reactivating previously-utilized inspection codes, which helped solve query problems by unifying past and present facility inspections.

- **INCORRECT INSPECTION CODE ENTRY**
 - **CHALLENGE** - Before EnvisionConnectRemote, inspectors manually entered inspections into the EnvisionConnect system by choosing a complex series of codes. Some inspectors documented inspections in 'Daily Time and Activity' using codes other than the proper facility inspection codes, thereby causing some inspections to be incorrectly flagged as 'overdue'.
 - **SOLUTION** - With the implementation of EnvisionConnectRemote in January 2015, key codes are auto-populated within the inspection form thereby reducing an inspector's chances of selecting the wrong codes.

Since the *'list of facilities that had not been inspected within the last year or multiple years'* was created, the LAFD CUPA made the inspection of these facilities a priority. The LAFD CUPA:

1. Hired additional fulltime inspectors
2. Restructured the unit dedicating 8 fulltime ICC certified UST inspectors to the inspection of UST facilities
3. Prioritized the overdue inspection list by oldest 'last inspection date' to newest
4. Sent the prioritized list to each inspector
5. Inspectors were instructed to schedule inspections by oldest 'last inspection date' to newest

SUMMARY OF INSPECTION EFFORTS TO-DATE:

- In April 2015, the CUPA identified 640 facilities (not 581 as mentioned in Deficiency Progress Update 1) that were due for inspection within the last year or multiple years.
- Since April 2015, the LAFD CUPA has made the inspection UST facilities overdue-for-inspection a priority and its inspectors have inspected over 400 of those facilities flagged as due for inspection within the last year or multiple years.
- Attached you'll find *"LAFD CUPA - Overdue UST Inspection List"* which contains the current list of less than 200 facilities due for inspection within the last year or multiple years.

LAFD CUPA RESPONSE TO ACTION PLAN ITEM #4 – The LAFD CUPA is committed to maintaining fulltime staff.

Since the LAFD CUPA's Update 2, the CUPA has hired additional fulltime inspectors, bringing the **total number of fulltime inspectors to the current total of 14**. As mentioned in the CUPA's response to Action Plan Item #1 *"HOW annual compliance inspection frequencies will be met"*, the CUPA has restructured the CUPA unit so that inspectors are assigned to specific types of inspections:

- **UST & AST Inspectors** - 8 full-time ICC certified UST inspectors. Each inspector is responsible for approx. 165 UST inspections and approx. 15 AST inspections per year.
- **HMBP Inspectors** - 6 full-time HMBP inspectors. (Two of these six HMBP inspectors are ICC certified and will fill-in, as necessary, and inspect USTs and ASTs.) Each inspector is responsible for approx. 383 HMBP per year.

Hiring additional fulltime staff, restructuring the unit and computerizing inspections has created a desirable environment in which inspectors are given a manageable workload and a streamlined inspection process.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3, Action Plan Items 1 and 4 and finds the conclusion of "why" the CUPA is not meeting the annual UST compliance inspection frequency requirement and "how" the annual compliance inspection frequency requirement will be met, acceptable. The CUPA identifies struggling with staff retention, unit structure, process and documentation, and software challenges as to "why" annual UST compliance inspection frequencies have not been met. Additionally, the CUPA identifies "how" annual compliance inspection frequencies will be met. This has been achieved by increasing the fulltime staffing levels for the Unified Program to eight (8) fulltime ICC certified UST inspectors each now responsible for inspecting approximately 165 regulated UST facilities per year.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3, Action Plan Item 2 Attachment B, and finds 185 UST facilities that have not been inspected within the last year or for multiple years. The oldest to most recent 'last conducted inspection date' ranges from January 7, 2011 to July 23, 2014.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3, Action Plan Item 3, and finds the CUPA has identified why the identification of UST facilities not inspected within the last year or multiple years has been difficult. The transition from EnvisionConnect to EnvisionConnectRemote, auto-populating activities, and the activation of old daily activity codes has been noted as the solution for accurate reporting of UST facilities not inspected within the last year or multiple years.

State Water Board acknowledges the CUPA's efforts taken to move towards the correction of this deficiency. This is evidenced by:

1. Efforts taken to identify the CUPA's inventory of UST facilities that have not been inspected within the last year or multiple years.
2. Efforts underway to conduct the oldest "last inspection date" first until all 185 UST facilities have been inspected.
3. The CUPA's inspection prioritization of facilities that had not been inspected last year or for multiple years.

Action Plan for the CUPA:

1. On the next progress report, please provide an update on the CUPA's continued progress of inspecting UST facilities that have not been inspected within the last year or for multiple years.

Deficiency Progress Update 4:

The CUPA is committed to inspecting UST facilities which have 'not been inspected within the last year or for multiple years' by taking a two-pronged approach:

- (1) The CUPA schedules inspections with regulated UST facilities that are overdue for inspections
- (2) The CUPA conducts inspections with facilities currently due for inspections.

These steps enable the CUPA to reach its goal of inspecting all overdue inspections while simultaneously ensuring that inspections which are due for the current fiscal year do not become overdue.

When the original list was developed in April 2015, the number of UST facilities 'not inspected within the last year or for multiple years' totaled 640. As of this update, that number now stands at 108--less than 10% of the total number of all regulated USTs within the CUPA's located in the City of Los Angeles.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 4.

This deficiency will be considered corrected once the CUPA is meeting the annual inspection frequency, and facilities, which have not been inspected within the last year or for multiple years has been inspected.

Deficiency Progress Update 5:

During this past reporting period the CUPA completed 369 routine UST inspections which is on target with the number of inspections needed to maintain compliance with the inspection mandate to inspect all facilities within a 12 month period, specifically, the anniversary date. The number is also consistent with the inspection rate in the previous reporting quarter which demonstrates LAFD is able to consistently maintain the same level of inspection activity.

Currently there are a total of 165 outstanding UST inspections. The number of outstanding inspections has risen slightly due to incorrect reporting during the last PIA update. The inconsistency was identified as an additional program element code set aside for contiguous sites for billing reasons. Despite being contiguous these sites do have an inspection mandate and were inadvertently overlooked in the reporting. Staff have been provided clear direction to ensure all overdue inspections including contiguous sites are completed by June 30 while ensuring compliance inspections that are coming due are inspected within the annual mandate.

LAFD and SWRCB have previously identified rotating management and rotating staff as a major factor contributing to this deficiency. It is worth noting that supportive actions taken by the Fire Prevention Bureau and good supervision provided by the Captain have stabilized staffing and also fostered an environment where staff are engaged and take pride in what they do.

LAFD is committed to meeting and sustaining the annual compliance inspection mandate and ensuring staff are providing quality inspections.

Evaluation Team Response

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 5. On May 4, 2016, State Water received an email from the CUPA clarifying the current list facilities not being inspected within the last year or for multiple years prior to the 2014 CUPA evaluation. The current list of facilities not being inspected within the last year or for multiple years is down from 581 to eleven (11).

The CUPA also provided to CalEPA in Deficiency Progress Update 5, Deficiency 3, annual UST compliance inspection reports for 369 routine inspections conducted this PIA Update period. The current list of facilities not inspected within the last year or for multiple years reflects an additional 165 facilities.

This deficiency will be considered corrected once the CUPA is meeting the annual inspection frequency, and facilities, which have not been inspected within the last year or for multiple years have been inspected.

Action Plan for the CUPA

1. In the next Deficiency Progress Update, the CUPA will inspect the remaining eleven (11) UST facilities and provide an update to CalEPA noting the inspection date once completed. In addition, the CUPA will provide a plan to CalEPA, prioritizing the remaining 165 facilities which have not been inspected within the last year or for multiple years ensuring all regulated UST facilities are in compliance.

Deficiency Progress Update 6:

LAFD has completed all overdue UST inspections as identified in the original deficiency language. A list of all facility inspections including the date of inspections was provided to State Water Resources Control Board in response to Deficiency update 3. During this reporting period we conducted a major cleanup of the UST database in Envision Connect and found the following:

1. A number of sites identified as being overdue on the list were reviewed and we were able to identify some sites where there was no longer any tanks onsite but the record was not made inactive in the system. These records were corrected.
2. We discovered active records were created where abandoned tanks had been discovered. An active record had to be created in Envision Connect in order to issue a service request and permit to have the tank removed.
3. Active tank records were also discovered on sites where there is a contiguous address and consequently a contiguous address and active record was created, this creates two active tank records for one set of tanks and ultimately only one inspection required however it appears that two inspections are required. This is a billing issue within LAFD CUPA that is inadvertently creating a false overdue inspections and a remedy needs to be implemented in our billing workflow to eliminate this issue.

LAFD's UST inspectors are completing 30% of UST inventory every quarter. This puts the inspection program on par with the inspection rate that is needed to complete the inventory on an annual basis which is a critical and noteworthy accomplishment. It also puts the program on course to complete an additional 67 inspections per quarter for overdue inspections. As of today's date there are approximately 79 overdue inspections that were not identified as being overdue during the initial CUPA evaluation and at the current rate we expect to be caught up by the end of October so as not to compromise the quality of the inspections.

Evaluation Team Response:

State Water Board

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 6. The CUPA reports inspecting all overdue UST's identified during the July 29 – 31, 2014 CUPA evaluation.

State Water Board review of CERS CME for FY 2015/2016 finds the CUPA reported conducting routine inspections at 1,200 UST facilities (82%) out of 1,457 regulated UST facilities. The total number of facilities in CERS is not consistent with the total number of facilities reported by the CUPA in the most recent Semi-Annual Report 6 for the period of July – December 2015. This report identifies 1,321 regulated UST facilities. Due to the inconsistency between the reporting formats, State Water Board cannot determine if the CUPA has inspected every regulated UST facility for FY 2015/2016.

A more recent Semi-Annual Report 6 for the period of January – June 2016 is due by September 1, 2016, and will provide a more recent count of the total of UST facilities. Review of the number of annual UST compliance inspections conducted for FY 2015/2016 will commence in the next Deficiency Progress Update. Therefore, State Water Board considers this deficiency a work in progress of being corrected.

Deficiency Progress Update7:

LAFD has completed all overdue UST inspections as identified in the original deficiency language. A list of all facility inspections for this reporting quarter including the date of inspections was provided to State Water Resources Control Board in response to Deficiency update 3.

LAFD's UST inspectors completed 28% of UST inventory this quarter which exceeds the goal of 25%. The inspectors have done an amazing job to reorganize the UST Program, establish a UST Committee to discuss issues and develop program guidance, some in collaboration with SWRCB, and develop automated tools to assist with inspection scheduling. The UST technical knowledge of the inspectors has taken a dramatic increase and they take much pride, ownership and responsibility for the program. I am very proud of the team and I believe their commitment to quality will ensure the team continues to grow professionally going forward. I also acknowledge that mistakes will be made going into the future however as a CUPA Manager my goal is to ensure the staff are engaged as my first priority and mistakes minimized.

Regarding the inventory numbers in CERS versus the numbers on Report 6...LAFD CUPA does not have full control over CERS as inventory numbers fluctuate based on what business users add to the system, errors created by CERS Integration Wizard and facility duplication of which there are numerous cases in CERS. The official inventory numbers should be based on Report 6 and as such September's Report 6 states the inventory is 1290 and the number of facility inspections is 796 for the 6 month reporting period. To be on track with the inspection rate needed to complete the inventory in the Report 6 reporting period we should be at approximately 50% of inspections however LAFD CUPA Inspectors were able to reach 62% which reflects their efforts to stay on track and catch up on overdue inspections identified by LAFD CUPA in previous updates. We have clearly demonstrated for numerous reporting quarters that LAFD CUPA is able to maintain the inspection rate needed to be compliant with program mandates without compromising inspection quality.

LAFD CUPA has complied with the initial corrective action and requests the deficiency be considered corrected.

Evaluation Team Response:

Deficiency is considered corrected.

State Water Board review of Report 6 for FY 2015/2016 finds the CUPA meeting the inspection frequency requirements. Therefore, State Water Board considers this deficiency corrected.

2.	DEFICIENCY:	CORRECTIVE ACTION:
	The CUPA is not requiring facilities to submit UST testing and leak detection documents as required by Chapter 6.7 of the Health and Safety Code (Statute) and Title 23, Chapter 16 of the California Code of Regulations (Regulation).	From this point forward, in accordance with Statute and Regulation, the CUPA will require owners and operators to submit the appropriate UST testing and leak detection documents. In accordance with Statute and Regulation, the CUPA will also require owners and operators to comply with timely submittal of these documents.

<p>The following documents, which are required to be submitted within 30 days of testing, were not found in facility files, California Environmental Reporting System (CERS), or Envision.</p> <ul style="list-style-type: none"> • Secondary containment testing; • Tank and line integrity tests; • Monitoring certifications; • ELD certifications. <p>Twenty-eight facility files were reviewed by State Water Board and the file numbers were provided to the CUPA in the preliminary summary of findings.</p> <p>Interviews with CUPA staff confirmed that the CUPA does not actively require appropriate testing and leak detection documents to be submitted, or to be submitted within the 30 day timeframe.</p>	<p>By April 23, 2015, the CUPA will develop outreach program materials and submit them to CalEPA for approval. In the submittal to CalEPA, the CUPA will outline how and when it will provide the outreach materials to the regulated community (both owners/operators and testers). The outreach materials must explain the requirement to submit the appropriate UST testing and leak detection documents in the timeframe required by Statute and Regulation.</p> <p>By July 23, 2015, the CUPA will have completed the distribution of the outreach materials so that the regulated community is notified of the requirements to submit appropriate UST testing and leak detection documents. The CUPA shall send CalEPA a final copy of the outreach program materials and a list of businesses the materials were sent to.</p> <p>This Deficiency will be considered corrected once there is consistent documentation over a one-year period that shows the appropriate documents are being submitted, submitted in a timely manner, reviewed by International Code Council (ICC) certified staff, and retained by the CUPA.</p>
<p>Deficiency Progress Update 1:</p> <p>On January 15, 2015, an outreach letter was sent to all UST facilities owners/operators regarding CERS reporting requirements and other required documentation:</p> <p>“The following documents are required to be submitted to CUPA within 30 day so testing/inspection:</p> <ul style="list-style-type: none"> • Monitoring System Annual Certification • Spill Bucket Testing Report • Secondary Containment Testing Report • Tank Integrity Test Report • Line Integrity Test Report • Enhanced Leak Detection Test Report • Temporary Closure Tank Liquid Sampling Results • Unauthorized Release Report (within five working days).” <p>Prior to mass mailing, the outreach letter (Attachment 2) was sent to CalEPA for review and the comments were taken into consideration in the final letter.</p> <p>Since January 15, 2015, the 699 UST CERS submittals were received, out of 2,805; as of 4/16/2015.</p>	

Evaluation Team Response:

The CUPA has not fully complied with the Corrective Action.

State Water Board acknowledges the CUPA's Update 2 to Deficiency 2. State Water Board finds the CUPA has not fully complied with the Action Plan for the CUPA put into place to correct this deficiency in Update 1.

Action Plan for the CUPA in Update 1 requires the CUPA to:

1. Within ten (10) days of receipt of Evaluator Team Response please clarify the CUPA statement "Since January 15, 2015, the 699 UST CERS submittals were received, out of 2,805", and how those numbers were obtained.
2. Within thirty (30) days of receipt of Evaluator Team Response please provide, prepare and submit an outline of how and when it will provide the outreach materials to the regulated community that is commensurable for the task at hand.
3. Within thirty (30) days of receipt of Evaluator Team Response please identify the policies and procedures for CUPA review of testing documents for timeliness, the review is completed by ICC Certified staff, and records retained by the CUPA. These policies and procedures should be consistent with the materials for Corrective Action 3 although may be submitted separately.

State Water Board's UST Unit Chief Laura S. Fisher, notified CalEPA of the CUPA missing its ten (10) day requirement to submit and clarify the CUPA statement, "Since January 15, 2015, the 699 UST CERS submittals were received, out of 2,805" and identify how the numbers were obtained. State Water Board acknowledges the CUPA's narrative in Update 2, which addresses Item 1 however; the focus is on CERS rather than all documents that owners and operators are required to submit to the CUPA. Simply focusing on CERS does not address the fact that facility files were missing UST testing and leak detection documents.

The CUPA did not comply with Item 2 as the CUPA's narrative is not a formal outline of outreach materials indicating how and when the CUPA will provide the outreach materials to the regulated community that is commensurable for the task at hand. In Update 1, State Water Board stated, "The single letter distributed by the CUPA is not commensurate for this task." One letter for thousands of regulated facilities not submitting thousands of required testing documentation is not sufficient for the task at hand.

Item 3 regarding policies and procedures for CUPA review of testing documents for timeliness, the review is completed by ICC Certified staff, and records retained by the CUPA is not complete as the CUPA's narrative is not a formal policy or procedure.

Action Plan for the CUPA:

1. Within ten (10) days of receipt of Evaluator Team Response, the CUPA will provide to CalEPA, clarification on how the submittal of CERS determines compliance with how regulated UST facility owners/operators submit UST testing and leak detection documents. *Please note this is the State Water Board's third request for information.*
2. Within ten (10) days of receipt of Evaluator Team Response, the CUPA will provide to CalEPA a formal outline identifying how the CUPA will continue to provide the outreach materials to the regulated community that is commensurable for the task at hand. In the outline, the CUPA should be thinking about and Identifying how it will continue to notify regulated UST facilities and include methods such as mailing out the requirements with the CUPA's annual fee statement, presenting or attaching a copy of the notification letter to annual UST compliance inspection reports, etc. until such time that the CUPA, on a regular basis, receives required testing and leak detection documentation from its regulated UST facilities. *Please note this is the State Water Board's third request for information.*

3. Within ten (10) days of receipt of Evaluator Team Response, the CUPA will provide to CalEPA, a formal document which includes policies and procedures for CUPA review of testing documents for timeliness, the review is completed by ICC Certified staff, and records retained by the CUPA. These policies and procedures should be consistent with the materials for Corrective Action 3 although may be submitted separately. *Please note this is the State Water Board's third request for information.*

Deficiency Progress Update 2:

1. The January 8, 2015, letter has served two purposes: notified regulated community about electronic reporting requirements to CERS and also about requirements of submitting the UST testing and leak detection documents to CUPA in accordance with Title 23. CUPA concludes that this outreach material has complied with the corrective action.
2. The required testing and leak detection documents, like Monitoring System Annual Certification, are submitted electronically to lafd.usttestnotify@lacity.org, routed to the district inspector's inbox, reviewed by the ICC certified inspectors and retained by CUPA.
Inspector then attaches the Testing Report to the facility record in EC, and also makes two OBSERVATION REPORTS: 1- to reset the testing date and 2 - to document the review of the report. If any component failed, the inspector will document that on the 2nd observation report and follow up with NOV, signed by the facility owner/operator, to correct the failures and pull permits, as needed, for repair.

The report will be archived for detention by automatically attaching the report in a pdf format to facility record in EC.

3. CUPA has measured the effectiveness of the outreach by number of CERS submittals of UST element since the letter was sent and that is represented by number 699 (from January 15 to April 15, 2015). CUPA will evaluate the need for further outreach action after an analysis of the up-to-date submittals of testing documents by the regulated community.

Evaluation Team Response:

The CUPA has not fully complied with the Corrective Action.

State Water Board acknowledges the CUPA's Update 2 to Deficiency 2. State Water Board finds the CUPA has not fully complied with the Action Plan for the CUPA put into place to correct this deficiency in Update 1.

Action Plan for the CUPA in Update 1 requires the CUPA to:

1. Within ten (10) days of receipt of Evaluator Team Response please clarify the CUPA statement "Since January 15, 2015, the 699 UST CERS submittals were received, out of 2,805", and how those numbers were obtained.
2. Within thirty (30) days of receipt of Evaluator Team Response please provide, prepare and submit an outline of how and when it will provide the outreach materials to the regulated community that is commensurate for the task at hand.
3. Within thirty (30) days of receipt of Evaluator Team Response please identify the policies and procedures for CUPA review of testing documents for timeliness, the review is completed by ICC Certified staff, and records retained by the CUPA. These policies and procedures should be consistent with the materials for Corrective Action 3 although may be submitted separately.

State Water Board's UST Unit Chief Laura S. Fisher, notified CalEPA of the CUPA missing its ten (10) day requirement to submit and clarify the CUPA statement, "Since January 15, 2015, the 699 UST CERS submittals were received, out of 2,805" and identify how the numbers were obtained. State Water Board acknowledges the CUPA's narrative in Update 2, which addresses Item 1 however; the focus is on CERS rather than all documents that owners and operators are required to submit to the CUPA. Simply focusing on CERS does not address the fact that facility files were missing UST testing and leak detection documents.

The CUPA did not comply with Item 2 as the CUPA's narrative is not a formal outline of outreach materials indicating how and when the CUPA will provide the outreach materials to the regulated community that is commensurate for the task at hand. In Update 1, State Water Board stated, "The single letter distributed by the CUPA is not commensurate for this task." One letter for thousands of regulated facilities not submitting thousands of required testing documentation is not sufficient for the task at hand.

Item 3 regarding policies and procedures for CUPA review of testing documents for timeliness, the review is completed by ICC Certified staff, and records retained by the CUPA is not complete as the CUPA's narrative is not a formal policy or procedure.

Action Plan for the CUPA:

1. Within ten (10) days of receipt of Evaluator Team Response, the CUPA will provide to CalEPA, clarification on how the submittal of CERS determines compliance with how regulated UST facility owners/operators submit UST testing and leak detection documents. *Please note this is the State Water Board's third request for information.*
2. Within ten (10) days of receipt of Evaluator Team Response, the CUPA will provide to CalEPA a formal outline identifying how the CUPA will continue to provide the outreach materials to the regulated community that is commensurate for the task at hand. In the outline, the CUPA should be thinking about and Identifying how it will continue to notify regulated UST facilities and include methods such as mailing out the requirements with the CUPA's annual fee statement, presenting or attaching a copy of the notification letter to annual UST compliance inspection reports, etc. until such time that the CUPA, on a regular basis, receives required testing and leak detection documentation from its regulated UST facilities. *Please note this is the State Water Board's third request for information.*
3. Within ten (10) days of receipt of Evaluator Team Response, the CUPA will provide to CalEPA, a formal document which includes policies and procedures for CUPA review of testing documents for timeliness, the review is completed by ICC Certified staff, and records retained by the CUPA. These policies and procedures should be consistent with the materials for Corrective Action 3 although may be submitted separately. *Please note this is the State Water Board's third request for information.*

LAFD CUPA RESPONSE TO ACTION PLAN ITEM #4

The LAFD CUPA respectfully retracts the statement "Since January 15, 2015, the 699 UST CERS submittals were received, out of 2,805".

LAFD CUPA RESPONSE TO ACTION PLAN ITEM #5

Prepared and attached for your approval is a copy of the ongoing outreach letter "LAFD CUPA – UST Outreach 2015" informing UST owners and designated operators regarding the submittal of UST testing and leak detection documents. The avenues of outreach are many and ongoing:

- A. The letter "LAFD CUPA – UST Outreach 2015" (Attachment A) will be mailed to all UST owners.

- B. The UST section of the LAFD website will include the verbiage of “LAFD CUPA – UST Outreach 2015” notifying all UST owners and designated operators that they are responsible to submit all UST testing records within 30 days from the testing date.
- C. A reminder will be added to the annual fee statement, stating that UST owners/DO are required to submit their UST testing records within 30 days from test date
- D. “LAFD CUPA – UST Outreach 2015” will be included in the annual permit to operate reminding the UST owners that they are required to submit their UST results.
- E. When a UST owners/D.O. notifies the LAFD CUPA though lafd.usttestnotify@lafd.org a copy of “LAFD CUPA – UST Outreach 2015” will be forwarded with the confirmation of the UST test notification.
- F. Finally, with every UST inspection the inspector will provide the facility owner a copy of “LAFD CUPA – UST Outreach 2015” along with a copy of the inspection report.

LAFD CUPA RESPONSE TO ACTION PLAN ITEM #6

LAFD CUPA - PROCEDURES FOR REVIEW OF TESTING DOCUMENTS

Underground Tank testing results are required to be submitted within thirty (30) days of testing. Owner/Operators or ICC certified technicians and installers may submit their test results to the LAFD CUPA via USPS Certified Mail (LAFD CUPA, 200 N. Main St., Ste 1700, LA CA 90012), E-mail at lafd.usttestnotify@lacity.org, or personal delivery. Reports can also be uploaded to CERS. Submissions are received and distributed to the district inspectors by the UST/Enforcement Clerk Typists.

UST/Enforcement Inspectors shall review all test submittals within fifteen (15) days of receipt, and take note of any errors or omissions. Inspectors will review reports for:

- ☐ **Timeliness** (was the test conducted within the required time frame, and submitted on-time?)
- ☐ **Accuracy** (is the report complete and accurate? Is owner/operator information correct? Does the site layout/equipment list/system description match our records?) Compare with submitted monitoring plan
- ☐ **Test Results** (note any failed or incomplete tests. All systems and equipment required by Code shall be addressed; (drop tube flapper/vent ball-float, SO switch, TLG/Alarm, etc.)

Note: The LAFD CUPA does not accept *visual failures* for test boots. Testers are expected to replace failed test boots and complete SB989 testing within the required time frame. Visual failures that are reported and not addressed before the anniversary date will be considered “Class 1” violations. A Div. 5 permit is NOT required for the replacement of test boots (Penetration Fittings that also serve as test boots DO require a Div. 5 permit).

UST/ Enforcement Inspectors shall take the following actions as appropriate to the testing report:

- ☐ Attach the report to the facility in Envision
- ☐ Place a hard copy of the report in the “permit” files, or scan into Envision
- ☐ If the Owner/Operator has uploaded the report to CERS, review and accept

Review the report and respond to any failures or abnormal findings with the appropriate level NOV. Any NOV issued shall direct the Owner/Operator to obtain a Div. 5 permit to repair/replace/install any failed/missing equipment and to correct any other deficiencies **FORTHWITH**. Furthermore, it shall be expected that any corrections be completed and inspected, with passing testing results, within ninety (90) days of the initial testing failures. Failure to meet this requirement may result in “Formal Enforcement” action.

Upon completion of inspection and retesting, results shall be resubmitted directly to the LAFD CUPA. Enforcement Inspectors shall ensure that the results are filed, and attached to the facility in Envision. Any NOV that has met compliance shall be signed-off.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3, Action Plan Item 4, with the CUPA's retraction of its statement "Since January 15, 2015, the 699 UST CERS submittals were received, out of 2,805" as the statement focuses on CERS rather than UST testing documents missing from UST facility files.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3, Action Plan item 5, and finds the CUPA's submittal, acceptable. On September 3, 2015 Attachment A, Reporting Underground Storage Tank Information, was mailed to regulated businesses. Furthermore, the CUPA indicates that a copy of Attachment A is provided to facility owners with the annual UST compliance inspection report, along with annual fee statements, and a copy is included with permits. Finally, when the City of Los Angeles Fire Department CUPA receives testing notifications through its lafd.usttestnotify@lafd.org email account, a copy of the Attachment A is forwarded with the CUPA's confirmation email.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3, Action Plan Item 6. Please reference Deficiency Progress Update 3, Deficiency 8, whereby the State Water Board findings acknowledge the submittal and provide corrective action.

Deficiency Progress Update 4:

Pursuant to the State Water Board's request to reference Deficiency Progress Update 3, Deficiency 8, the CUPA respectfully submits revised procedures for review of testing documents:

Procedures For Review Of Testing Documents

Underground Tank testing results are required to be submitted within thirty (30) days of testing. Owner/Operators or ICC certified technicians and installers may submit their test results to the LAFD CUPA via U.S. Mail (LAFD CUPA, 200 N. Main St., Ste 1700, LA CA 90012), E-mail at lafd.usttestnotify@lacity.org, personal delivery, or the California Electronic Reporting System (CERS). Submissions are received and distributed to the district inspectors by the UST/Enforcement Clerk Typists. Clerk Typists assigned this duty shall, on a daily basis, check the email and forward test reports, and requests for service to the appropriate inspector's e-mail. Mailed or delivered documents are distributed on an as-received basis.

UST/Enforcement Inspectors shall review delivered documents weekly. Additionally, they shall log into their email site on a daily basis in order to stay current with service requests, testing notifications, and testing reports. Inspectors will record all testing and service request dates on Google calendar, with appropriate reminder settings. Test requests shall have an additional reminder placed 30 days after the test date as a deadline for test report submissions. When notified by Google calendar at 30 days, Inspectors shall verify that test results have been received. If not already received through e-mail (preferred), or other direct means, Inspectors shall log into CERS to review and accept (receive) any test report submissions. Inspectors will review all test report submittals within fifteen (15) days of receipt, and take note of any errors or omissions. Inspectors will review reports for:

- **Timeliness** (was the test conducted within the required time frame, and submitted within 30 days?)
- **Accuracy** (is the report complete and accurate? Is owner/operator information correct? Does the site layout/equipment list/system description match our records?) Compare with submitted monitoring plan.
- **Test Results** (note any failed or incomplete tests. All systems and equipment required by Code shall be addressed; (drop tube flapper/vent ball-float, ESO switch, TLG/Alarm, etc.)

Note: The LAFD CUPA does not accept visual failures for test boots. Testers are expected to replace failed test boots and complete SB989 testing within the required time frame. Visual failures that are reported and not addressed before the anniversary date will be considered “Class 1” violations. A Div 5 permit is NOT required for the replacement of test boots (Penetration Fittings that also serve as test boots DO require a Div 5 permit).

UST/ Enforcement Inspectors shall take the following actions as appropriate to the testing report:

- Attach (scan) the report to the facility file in Envision
- Place a hard copy of the report in the “permit” files
- If the Owner/Operator has uploaded the report to CERS, review and accept
- Notes shall have (as appropriate): Inspector ID, date of review, actions taken and any sufficient comment needed to provide accurate information for future viewers.

Inspectors will review the report and respond to any failures or abnormal findings with the appropriate level NOV. Any NOV issued shall direct the Owner/Operator to obtain a Div 5 permit to repair/replace/install any failed/missing equipment and to correct any other deficiencies **FORTHWITH**. Furthermore, it shall be expected that any corrections be completed and inspected, with passing testing results, within ninety (90) days of the initial testing failures. Failure to meet this requirement may result in “Formal Enforcement” action.

Upon completion of re-inspection and retesting, results shall be resubmitted directly to the LAFD CUPA. Enforcement Inspectors shall ensure that the results are filed, and attached to the facility in Envision. Any NOV that has met compliance shall be signed-off and cleared in Envision.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA’s Deficiency Progress Update 4. State Water Board acknowledges the CUPA’s Procedures For Review Of Testing Document, and finds it acceptable.

This Deficiency will be considered corrected once there is consistent documentation over a one-year period that shows the appropriate documents are being submitted, submitted in a timely manner, reviewed by International Code Council (ICC) certified staff, and retained by the CUPA (i.e. implementation of the Procedures for Reviews of Testing Document).

Deficiency Progress Update 5:

LAFD CUPA management and UST Committee members have provided CUPA inspection staff with additional training on the SOP relating to test submittal, review, violations associated with test submittals and follow up on test failures which includes issuing violations and providing direction to facilities on how to return to compliance.

At every biweekly staff meeting we are covering the UST program deficiencies identified during this PIA. As previously mentioned staff will be monitored for adherence to the policy and retraining will be provided individually as needed. We are also monitoring staff reactions via the UST Committee and responding accordingly.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 5. The CUPA indicates staff attends biweekly meetings reviewing UST program deficiencies and staff is being monitored for adherence to the CUPA's Standard operating Procedures (SOP's). In addition, the CUPA indicates training is provided individually as needed.

State Water Board will use the compliance information provided in Deficiency Progress Update 6, Deficiency 8, and determine if the CUPA is requiring testing and leak detection documents to be submitted.

Review of thirty (30) UST facilities will include verification of; 1) the CUPA collecting testing and leak detection documents and 2) the CUPA requiring failures of testing and leak detection testing to RTC.

This Deficiency will be considered corrected once there is consistent documentation over a one-year period that shows the appropriate documents are being submitted, submitted in a timely manner, reviewed by ICC certified staff, and retained by the CUPA (i.e. implementation of the CUPA's procedures, "Procedures for Review of Testing Documents").

In the next Deficiency Progress Update, please also include documentation of staff training regarding the CUPA's SOP. Training documentation will include, but not be limited to an outline of the training conducted and a list of personnel attending the training.

Deficiency Progress Update 6:

Training documentation and a list of personnel in attendance was provided to SWRCB.

Evaluation Team Response:**State Water Board**

CUPA has met initial corrective action requirements; full correction of this deficiency is pending consistent demonstration of compliance over a 1-year period. The maintenance period begins with this quarterly submittal July 22, 2016.

State Water Board acknowledges the CUPA's Deficiency Progress Update 6. The CUPA has provided to CalEPA training documentation dated July 6, 2016. Items covered in the training documentation include; 1) CERS submittals and required UST fields, 2) how to address incomplete submittals, 3) UST inspection violation documentation, 4) Envision test results documentation procedures, and 5) review of inspection checklists submitted by the State as examples. Furthermore, the CUPA provided a sign in sheet which identifies fourteen (14) inspectors attending the training conducted July 6, 2016.

Our review of Deficiency Progress Update 6, finds the following for leak detection documents selected by State Water Board; 1) consistent submittals, 2) consistent submittals in a timely manner, and 3) consistent uploading of documentation into the CUPA's Envision database, 4) documentation is reviewed by ICC certified staff.

Deficiency Progress Update7:

LAFD CUPA appreciates the recognition of our efforts and the verification of the quality of the UST inspections.

Evaluation Team Response:**State Water Board**

State Water Board acknowledges receiving leak detection documents selected for Deficiencies 5 and 8. This deficiency continues to remain in the maintenance period and is scheduled to end July 26, 2017. Therefore, this deficiency will be carried over to the scheduled 2017 CUPA evaluation as the corrective action requirements require demonstration of compliance for a 1-year period.

3.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	<p>The CUPA is not preparing an annual compliance inspection report for every UST inspection.</p> <p>The CUPA could not produce annual compliance inspection reports for all UST facilities reviewed by State Water Board.</p>	<p>Beginning with the first quarterly progress report due April 23, 2015, and each quarterly progress report thereafter, the CUPA will provide copies of the previous quarter's UST annual compliance inspection reports. This reporting will continue until this deficiency is corrected.</p> <p>Clear written direction and procedures for managing UST inspections from start to finish, including electronic data and hard copy paperwork, as well as the identification of tools and resources to conduct adequate inspections are needed to maintain consistent UST inspection practices. Therefore, by April 23, 2015, the CUPA will develop and submit to CalEPA procedures for the management of inspection activities that specifically outline the roles of inspectors, office staff, and management.</p> <p>A few of noticeably absent CUPA policies and procedures for managing inspections observed during the evaluation, which should be included in this document, include;</p> <ul style="list-style-type: none">• the deadline for preparation of the annual compliance inspection report,• the requirements for facility record keeping and document retention,• the requirements for review and follow up of submitted testing reports,• how to conduct inspections in those instances when staff can and cannot witness annual monitoring certifications,• the requirements for the renewal and issuance of operating permits. <p>All policies and procedures shall be in conformance with LG 159.</p> <p>By May 23, 2015, CalEPA will have the CUPA's UST inspection procedures reviewed and provide feedback to the CUPA.</p>

		<p>By June 23, 2015, the CUPA will make necessary amendments if needed to these procedures and submit to CalEPA for review and approval.</p> <p>By July 23, 2015, the CUPA will incorporate these policies and procedures into its Inspection & Enforcement Plan and begin implementation.</p> <p>By September 30, 2015, the CUPA will conduct its self-audit and submit the self-audit to CalEPA addressing the status of implementation of this Corrective Action and identify if any changes are needed.</p> <p>This Deficiency will be considered corrected once established policies and procedures are in place and UST inspection reports are shown to be consistently prepared for all inspections over a one-year period.</p>
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Deficiency Progress Update 1:

CUPA has reorganized the inspection checklist to assist Inspectors in conducting complete inspections. Inspection Procedures have been developed to manage the inspection activities and to provide consistent inspection practices.

Envision Connect Remote (ECR) went live on 1/28/2015 to facilitate preparation of inspection reports and providing them to owners/operators on the day of inspection.

Attachment 3 provides copies of UST annual compliance inspection reports for January 1, 2015, through March 31, 2015.

Attachment 11 contains Management of Inspection Activities.

Evaluation Team Response:

The CUPA has not complied with the corrective action.

The Corrective Action requires the CUPA to provide copies of the previous quarter's UST annual compliance inspection reports. The statement above indicates that the CUPA provided copies of UST annual compliance inspection reports for January 1, 2015 through March 31, 2015 as required; however, attachment three (3) provides only a small sample of UST annual compliance inspection reports with a statement that additional reports are available upon request. Pursuant to the corrective action, the CUPA is required to provide copies of the previous quarter's UST annual compliance inspection reports.

The Corrective Action also requires the CUPA to prepare clear written direction and procedures for managing UST inspections from start to finish, including electronic data and hard copy paperwork, as well as the identification of tools and resources to conduct adequate inspections that are needed to maintain consistent UST inspection practices. The CUPA is asked to specifically outline the roles of inspectors, office staff, and management, and to create policies and procedures for managing actions such as, the deadline for preparation of the UST annual compliance inspection report, the requirements for facility record keeping and document retention, the requirements for review and follow up of submitted testing reports, how to conduct inspections in those instances when staff can and cannot witness annual monitoring certifications, and the requirements for the renewal and issuance of operating permits.

The LAFD CUPA Inspection Procedures document does not contain the required information outlined in the Corrective Action. The submittal simply reiterates the inspection checklist and lists field equipment.

The State Water Board is unable to conduct a review of UST annual compliance inspection reports to determine if inspections are conducted properly, as the CUPA did not supply the documentation required pursuant to the corrective action. State Water Board will begin to conduct such review once all UST annual compliance inspection reports are received.

The State Water Board finds the CUPA's submittal for Deficiency 3 unacceptable. This Deficiency and Corrective Action was discussed in great detail with Chief Vidovich and Captain Miller on February 26, 2015 during the review of the PIA with State Water Board's UST Unit Chief Laura S. Fisher. State Water Board's UST Unit Chief Laura S. Fisher, met with Chief Vidovich on May 11, 2015 and again with Captain Miller on May 12, 2015 to verbally discuss this unacceptable submittal and provided further direction on how the CUPA can improve and satisfy the intent of the corrective action. The discussions focused on the intent and purpose of these written procedures, which are; rebuild the UST element of the Unified Program, provide clear direction, provide consistency, keep the momentum up during the rotation of staff, captains, and chiefs, and educate newly appointed/rotated staff, captains and chiefs.

Action Plan for the CUPA:

1. Upon immediate receipt of Evaluator Team Response the CUPA comply with the corrective action and provide CalEPA with copies of all UST annual compliance inspection reports conducted from January 1, 2015 through March 31, 2015. The CUPA will continue to send all, not a cross-section, UST annual compliance inspection reports until this deficiency is considered corrected.
2. Within thirty (30) days of receipt of Evaluator Team Response the CUPA will provide CalEPA with the clear written direction and procedures for managing UST inspections as outlined in Corrective Action.

Deficiency Progress Update 2:

1. The CD containing the UST annual compliance inspection reports for the period of January 1 – June 30, 2015, was sent through US mail on July 16, 2015 and July 22, 2015.
2. See Attachment 2 for Inspection Guidelines and Procedures

Evaluation Team Response:

The CUPA has not fully complied with the Corrective Action.

State Water Board acknowledges the CUPA's "Underground Storage Tank Inspection Guidelines and Procedures" (UST Inspection Procedures) and "Consolidated Permit Plan" and finds the CUPA captures the following:

- Scheduling inspections,
- Facility pre-inspections including CERS and its Envision Connect Remote database,
- Recommended items to take to the inspection,
- Annual compliance inspection which includes witnessing and not witnessing the annual UST monitoring certifications,
- Inspection Follow-Up,
- NOVs referred to CUPA Enforcement Unit,
- Repairs and upgrades, and
- UST permit renewals.

On July 30, 2015, CalEPA received the CUPA's two (2) CD's containing 362 "UST annual inspection reports" for the period of January 1, 2015 through June 30, 2015. Not only were the CD's late; the reported number of inspections by the CUPA are incorrect, and per the CUPA not all inspection reports for the period of January 1, 2015 – June 30, 2015 were provided.

State Water Board acknowledges the CUPA's submittals of annual UST compliance inspection reports for the period of January through June 2015. Additionally, the State Water Board review of CERS UST data which includes, Operating Permit Application-Facility Information; Tank Information; Monitoring and Response Plans; Inspection, Violation and Enforcement Information; Return to Compliance; and associated annual UST monitoring certifications has been utilized to determine whether or not the CUPA is conducting complete annual UST compliance inspections. The review of thirty (30) annual UST compliance inspection reports finds the CUPA is not conducting annual UST compliance inspections in accordance with UST Statute and Regulations or pursuant to Local Guidance Letter 159, associated CERS frequently asked questions and state correspondence letters.

Action Plan for the CUPA:

In future updates when the CUPA provides the previous quarters annual UST compliance inspection reports the CUPA shall provide all inspection reports for that period.

Deficiency Progress Update 3:

The CD containing the UST Inspection Reports for the period of July 1 through September 30, 2015 (249 records); was mailed to Cal/EPA on October 14, 2015.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board received a CD from the CUPA on October 29, 2015, containing 249 UST Inspection Reports for the period of July 1 through September 30, 2015. Our review of the UST Inspection Reports found on the CD, in conjunction with CERS, finds several inconsistencies in violations cited throughout. For instance, CERS ID 10257526 includes information for a routine inspection dated May 22, 2015 where no violations have been cited however, inspection comments in CERS show "see attached NOV # 52615-34045." A second routine inspection in CERS dated May 26, 2015 indicates no cited violations however; inspection comments again show a "notice of violation #52615-34045 issued to...See Attached." CERS ID 10255822 has an annual UST compliance inspection report and CME information with no cited violations for the failure to submit UST CERS information however, a note in the inspection comments states, "Issued NOV to update CERS to include inventory and UST submittals." CERS ID 10242856 includes a routine inspection dated July 9, 2015 and a UST CERS submittal dated May 31, 2015. The CUPA cites a violation for not maintaining an approved monitoring plan when there has been a submission to CERS and there is no indication that the CUPA has reviewed the submission. CERS ID 10250212 shows ten (10) violations for the non-submittal of CERS UST information whereas CERS ID 10251646 has six (6) violations for the failure to submit CERS UST information.

State Water Board finds inspectors are not consistently citing all violations found during the annual UST compliance inspection on the CUPAs compliance inspection report. This is confirmed by the inconsistencies between inspection reports, CME, and the Notice of Violations as identified above.

To correct this deficiency, the CUPA shall have established policies and procedures in place and UST inspection reports must consistently be prepared for all inspections over a one-year period.

Corrective Action for the CUPA:

By January 23, 2016, the CUPA will review policies and procedures for properly identifying violations, and how to consistently report violations on the UST compliance inspection report. Additionally, the CUPA will review policies and procedures for accurately transferring inspection information from the UST compliance inspection report, to EnvisionConnectRemote, and then to CERS. The CUPA will, if necessary, make amendments to these policies and procedures to implement findings of the review. By April 23, 2016 implementation, and training if necessary, on the new policies and procedures shall take place.

Deficiency Progress Update 4:

The CUPA continually seeks new ways to improve its inspection process. To that end, the CUPA overhauled its entire inspection process by leveraging technology and transitioning from paper-based inspections to laptop-based inspections, has hired and trained new staff, and continues its search for a CUPA manager:

Technology (ECR/EC)

January 28, 2016, marks the 1 year anniversary of the CUPA's adoption of the EnvisionConnectRemote software inspection program. Since January 28, 2015, CUPA inspectors have been conducting inspections on their laptops entirely within one software program. Via wireless synchronization, the inspection results are electronically transferred to the EnvisionConnect servers and, on a quarterly basis, the inspection data is uploaded to CERS via the CME uploads which the CUPA successfully completed in April, July, and October of 2015. Presently, the CUPA is preparing its 4th CME upload.

Staff & Training

Since augmenting its inspection workforce in 2015, the LAFD CUPA has instituted bi-monthly unit meetings during which policies and procedures are discussed and issues are addressed.

CUPA Manager

Ensuring that staff follow established policies and procedures depends upon strong leadership and ongoing training. To that end, the CUPA continues its search for a CUPA manager and is confident that it will find the candidate who will provide the leadership needed to oversee the instruction and training of inspectors, audit inspections and ensure a sound CUPA program.

Please see attachment "*Attachment 3*" for the 4th quarter UST Inspection reports.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 4, Attachment 3 and finds 277 inspection reports for the period of October through December 2015. Our review of inspection reports in conjunction with CERS, finds several inconsistencies in cited violations. For instance, CERS ID 10243573, no violation have been cited for failing to submit UST information to CERS as reported on inspection report dated October 1, 2015. CERS ID 10258687, three (3) violations have been cited for not submitting UST information to CERS as reported on inspection report dated October 1, 2015. CERS ID 10246330, one (1) violation was cited for not submitting CERS UST information as reported on inspection report dated December 3, 2015. CERS ID 10255669, eight (8) violations have been cited for failing to submit UST information as reported on inspection report dated December 8, 2015.

State Water Board would like to note that the CUPA's UST inspection report identifies nine (9) violations for UST CERS information as identified by Items 1 through 9 (CERS/Onsite Review) section.

State Water Board finds inspectors are not consistently citing all violations found during the annual UST compliance inspection on the CUPAs compliance inspection report. This is confirmed by the inconsistencies between inspection reports and CME as identified above.

To correct this deficiency, the CUPA shall have established policies and procedures in place and UST inspection reports must consistently be prepared for all inspections over a one-year period.

Corrective Action for the CUPA:

By April 23, 2016, the CUPA will again review policies and procedures for properly identifying violations, and how to consistently report violations on the UST compliance inspection report. Additionally, the CUPA will review policies and procedures for accurately transferring inspection information from the UST compliance inspection report, to EnvisionConnectRemote, and then to CERS. The CUPA will, if necessary, make amendments to these policies and procedures to implement findings of the review. By July 23, 2016 implementation, and training if necessary, on the new policies and procedures shall take place.

Deficiency Progress Update 5:

The new CUPA Program Manager has formed a UST Committee comprised of inspection staff, a supervisor and the manager. The UST Committee was responsible for reviewing the existing UST inspection policy and procedures, making amendments as necessary and training CUPA program staff. All staff were trained on the new procedures at the general staff meeting on March 16 followed by a question and answer session. Particular attention was made to ensure all staff were aware of the following:

- the deadline for preparation of the annual compliance inspection report,
- the requirements for facility record keeping and document retention,
- the requirements for review and follow up of submitted testing reports,
- how to conduct inspections in those instances when staff can and cannot witness annual monitoring certifications,
- the requirements for the renewal and issuance of operating permits.
- How to identify UST violations and consistently document them in Envision Connect
- How to conduct an inspection in conformance with LG 159

During the training we reviewed every inconsistency identified by SWRCB during the file review and had an open discussion and provided a clear explanation surrounding the inconsistency and direction on when and what violations should be issued. The elements of the new SOP have been retrained multiple times at subsequent staff meetings as well as follow up emails providing direction and clarification. We also increased our CUPA Staff meeting frequency to every two weeks to reinforce direction and provide an open forum for discussion. During this time the CUPA has also reached out to the State to seek verification on numerous issues to ensure the direction provided to the staff is consistent with the requirements of the State.

As requested in the initial corrective action LAFD CUPA has provided access to the UST annual compliance inspection reports via the following link: <https://drive.google.com/folderview?id=0BxpTnKaHcC8DSXdHVXpKZ1ZhMWM&usp=sharing>

LAFD CUPA conducted 369 UST annual compliance inspections this past reporting period which is a significant improvement since the commencement of the PIA. The inspection rate is within acceptable tolerances as the number of inspections varies from quarter to quarter and should be sufficient to sustain the program going forward. A spreadsheet of the annual compliance inspection for the period of Jan 1, 2016 to March 31st, 2016 has been added to the Google Drive link above.

We are making every effort to work with the staff and believe we are on a clear path to meeting the requirements of the corrective action. The new manager has accelerated the change and we expect to see significantly improved results over our current progress in the following reporting period.

The revised Inspection Procedure is included in Attachment A

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 5. The CUPA identifies conducting 369 annual UST compliance inspections subsequent to the CUPA's last PIA Update. The CUPA confirms hiring a new Unified Program Manager, forming an UST Committee, and providing training to personnel on the revised UST inspection procedure identified in Attachment A, "Standard Operating Procedure- UST 1A Underground Storage Tank Inspection."

State Water Board's review of the CUPA's SOP finds the procedure acceptable as it contains inspection scheduling; pre-inspection document review; recommended items to take to an inspection; physically conducting UST inspections; inspection follow-up; Notice of Violation referrals; and repairs and upgrades.

State Water Board finds the CUPA continues to consistently issue annual UST compliance inspection reports, however inspection reports do not capture the required inspection elements. As previously discussed in meetings, the quantity of inspections is no more important than the quality of inspections. As evidence below, annual UST compliance inspections are not always conducted in accordance with the requirements identified in statute and regulation or the CUPA's "Standard Operating Procedure- UST 1A Underground Storage Tank Inspection."

Using submitted annual UST compliance inspection reports and CERS for inspections conducted during this PIA Update period, State Water Board reviewed thirty (30) UST facility inspection reports. Our review of thirty (30) UST facility inspection reports finds CUPA personnel are not consistently; 1) reviewing UST CERS submittals to ensure information submitted by facilities is accurate and complete, 2) either accepting or rejecting incomplete or inaccurate CERS UST information, 3) reporting all observed violations found during the annual UST compliance inspection in the CUPA's annual UST compliance inspection report, and 4) following the CUPA's SOP for issuing violations for failure to report UST information. If personnel are not reviewing and accepting CERS UST information or reporting all observed violations as part of the annual UST compliance inspection, the annual UST compliance inspection is considered incomplete. The following are examples of incomplete annual UST compliance inspections:

- CERS ID 10029853- Annual UST compliance inspection report date March 3, 2016 shows ten (10) violations while CERS CME shows fourteen (14) violations. The missing violations from the CUPA's annual UST compliance inspection report include operating without a permit; tampering with leak detection equipment; UST construction July 1, 2003 through July 1, 2004; and double-wall construction January 1, 1984 through June 30, 2003. The missing violations show personnel are not; 1) reporting all observed violations found during the annual UST compliance inspection in the CUPA's annual UST compliance inspection report and 2) following the CUPA's SOP for issuing violations for failure to report UST information which leads to an incomplete annual UST compliance inspection.

- CERS ID 10241233- Annual UST compliance inspection report date February 29, 2016 shows six (6) violations while CERS CME shows four (4) violations. The missing violations in CERS include line leak detector not installed on pressurized pipe and pressurized pipe unable to detect 3.0 gallon per hour leak within an hour, restricts flow, or alarms. The missing violations show personnel are not; 1) reporting all observed violations found during the annual UST compliance inspection in the CUPA's annual UST compliance inspection report and 2) following the CUPA's SOP for issuing violations for failure to report UST information which leads to an incomplete annual UST compliance inspection.
- CERS ID 10242196- Annual UST compliance inspection report date February 10, 2016 show zero (0) violations. The annual UST compliance inspection report does not include violations for failing to submit CERS UST information. The missing CERS UST information show personnel are not; 1) reporting all observed violations found during the annual UST compliance inspection in the CUPA's annual UST compliance inspection report and 2) following the CUPA's SOP for issuing violations for failure to report UST information which leads to an incomplete annual UST compliance inspection.
- CERS ID 10240537- Annual UST compliance inspection report date March 14, 2016 shows zero (0) violations. The annual UST compliance inspection report does not include violations for failing to submit CERS UST information. The missing CERS UST information show personnel are not; 1) reporting all observed violations found during the annual UST compliance inspection in the CUPA's annual UST compliance inspection report and 2) following the CUPA's SOP for issuing violations for failure to report UST information which leads to an incomplete annual UST compliance inspection.
- CERS ID 10254616- Annual UST compliance inspection report date March 9, 2016 show zero (0) violations. The annual UST compliance inspection report does not include violations for failing to submit CERS UST information. The missing CERS UST information show personnel are not; 1) reporting all observed violations found during the annual UST compliance inspection in the CUPA's annual UST compliance inspection report and 2) following the CUPA's SOP for issuing violations for failure to report UST information which leads to an incomplete annual UST compliance inspection.
- CERS ID's 10257538, 10256149, 10255141, 10254169, 10251055, 10248700, 10246360, 10240663, 10240657, and 10187987- The CUPA identifies annual UST compliance inspections are complete, yet State Water Board staff finds CERS UST information for these facilities has; 1) not been reviewed, 2) accepted with incomplete or inaccurate information, or 3) submittals have been made by an owner/operator and have not been accepted or rejected by the CUPA as part of the annual UST compliance inspection.

Action Plan for the CUPA

1. In the next Deficiency Progress Update, please provide to CalEPA, training documentation regarding the CUPA's SOP. Training documentation will include, but not be limited to an outline of the training conducted and a list of personnel attending the training.
2. By the next Deficiency Progress Update, the CUPA will provide additional training to personnel on the CUPA's SOP. The CUPA will provide training documentation to CalEPA outlining the training conducted and a list of personnel attending the training. Training shall include, but not be limited to 1) review of UST CERS submittals so that the UST facility record is accurate and complete, 2) accepting or rejecting incomplete or inaccurate CERS UST information, 3) reporting all observed violations found during the annual UST compliance inspection in the CUPA's annual UST compliance inspection report, and 4) following the CUPA's SOP for issuing violations for failure to report UST information.

Deficiency Progress Update 6:

Additional training was conducted which included the topics requested above. Training documentation and a list of personnel in attendance was provided to SWRCB. LAFD notes SWRCB identified 6 out of 30 inspections had issues which will be addressed with additional one on one counselling with staff and additional QA of their work.

Evaluation Team Response:**State Water Board**

CUPA has met initial corrective action requirements; full correction of this deficiency is pending consistent demonstration of compliance over a 1-year period. The maintenance period begins with this quarterly submittal July 22, 2016.

State Water Board acknowledges the CUPA's Deficiency Progress Update 6. Our review finds the CUPA providing annual UST compliance inspection reports for 368 UST facilities conducted subsequent to Deficiency Progress Update 5 (April 1 – June 6, 2016).

State Water Board finds the CUPA continues to consistently issue annual UST compliance inspection reports

The CUPA has provided to CalEPA training documentation dated July 6, 2016. Items covered in the training documentation include; 1) CERS submittals and required UST fields, 2) how to address incomplete submittals, 3) UST inspection violation documentation, 4) Envision test results documentation procedures, and 5) review of inspection checklists submitted by the State as examples. Furthermore, the CUPA provided a sign in sheet which identifies fourteen (14) inspectors attending the training conducted July 6, 2016.

In the next Deficiency Progress Update, please continue to provide to CalEPA, annual UST compliance inspection reports conducted subsequent to Deficiency Progress Update 6.

Deficiency Progress Update 7:

Inspection reports were provided to SWRCB. We appreciate the acknowledgement of our progress. We also request the deficiency be considered corrected as the initial deficiency refers to the CUPA not issuing Inspection reports which has been corrected for more than a year. The initial corrective action specifies the following:

'Beginning with the first quarterly progress report due April 23, 2015, and each quarterly progress report thereafter, the CUPA will provide copies of the previous quarter's UST annual compliance inspection reports. This reporting will continue until this deficiency is corrected.'

Clear written direction and procedures for managing UST inspections from start to finish, including electronic data and hard copy paperwork, as well as the identification of tools and resources to conduct adequate inspections are needed to maintain consistent UST inspection practices. Therefore, by April 23, 2015, the CUPA will develop and submit to CalEPA procedures for the management of inspection activities that specifically outline the roles of inspectors, office staff, and management.

A few of noticeably absent CUPA policies and procedures for managing inspections observed during the evaluation, which should be included in this document, include;

- *the deadline for preparation of the annual compliance inspection report,*

- the requirements for facility record keeping and document retention,
- the requirements for review and follow up of submitted testing reports,
- how to conduct inspections in those instances when staff can and cannot witness annual monitoring certifications,
- the requirements for the renewal and issuance of operating permits.

All policies and procedures shall be in conformance with LG 159.

By May 23, 2015, CalEPA will have the CUPA's UST inspection procedures reviewed and provide feedback to the CUPA.

By June 23, 2015, the CUPA will make necessary amendments if needed to these procedures and submit to CalEPA for review and approval.

By July 23, 2015, the CUPA will incorporate these policies and procedures into its Inspection & Enforcement Plan and begin implementation.

By September 30, 2015, the CUPA will conduct its self-audit and submit the self-audit to CalEPA addressing the status of implementation of this Corrective Action and identify if any changes are needed.

This Deficiency will be considered corrected once established policies and procedures are in place and UST inspection reports are shown to be consistently prepared for all inspections over a one-year period.'

LAFD CUPA has met the original corrective action and has demonstrated consistent preparation of inspection reports for a one year period.

Evaluation Team Response:

Deficiency is considered corrected.

State Water Board acknowledges the CUPA consistently preparing and issuing annual UST compliance inspection reports. State Water Board's review finds the CUPA consistently preparing and issuing annual UST compliance inspection reports beginning October 22, 2015. This deficiency is considered corrected as the CUPA has demonstrated consistently issuing annual UST compliance inspection reports to regulated UST facility owner/operators. Please note State Water Board's review of the content of the annual UST compliance inspections identified in Deficiencies 5 and 8 finds improvements and consider these deficiencies in the maintenance phase of full correction.

4.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	<p>The CUPA is not collecting, tracking or accurately reporting SOC information on a semi-annual basis.</p> <p>The CUPA has received letters from State Water Board the last two (2) reporting periods because of late submittals.</p>	<p>From this point forward, the CUPA will report its SOC information to State Water Board within the given time period.</p> <p>The next report period for SOC information is due March 1, 2015.</p> <p>This deficiency will be considered corrected once the CUPA has successfully submitted semi-annual SOC reports on time for a one-year period.</p>

Deficiency Progress Update 1:

The software upgrade (ECR) and the revised checklist are now linked to provide an accurate SOC information through improved reporting and tracking system.

The March 1, 2015, due date for Report #6 was not met due to unavailability of staff at that time.

Evaluation Team Response:

The CUPA has not complied with the corrective action.

The State Water Board received the CUPA's semi-annual SOC report on March 4, 2015, The information on the report appear to be accurate, but were three (3) days late. Late submittals are not acceptable, and the CUPA is provided 60 days' notice of the upcoming deadline. As per the Corrective Action, this deficiency will be considered corrected once the CUPA has successfully submitted semi-annual SOC reports on time for a one-year period.

Action Plan for the CUPA:

1. The next semi-annual SOC report to the State Water Board is due by September 1, 2015 for the period of January through June 2015. The State Water Board will send out a letter approximately July 1, 2015 reminding CUPA's that the January through June 2015 semi-annual reports are due by September 1, 2015.

Deficiency Progress Update 2:

CUPA has prepared the Master Calendar for all reporting requirements to State and will closely monitor its timely implementation.

Evaluation Team Response:

Deficiency is a work in progress.

State Water acknowledges receiving the CUPA's submittal of Report 6 on August 25, 2015 for the period of January through June 2015 and finds the submittal acceptable as the CUPA met the due date requirements. A cursory review of the Report 6 submittal shows the CUPA inspected 647 UST facilities and issued 13 Red Tags for the period of January through June 2015. Although the CUPA reports conducting 647 inspections, Deficiencies 3 and 5 indicate, CUPA inspections are substandard and are in need of improvement/correction.

Deficiency Progress Update 3:

CUPA submitted the Report 6 for the period January – June 2015, on August 25, 2015.

CUPA has prepared the Master Calendar for all reporting requirements to State and will closely monitor its timely implementation.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3 regarding the submittal of Report 6 dated August 25, 2015, and the establishment of a Master Calendar to track all reporting requirements. The next Report 6 submittal for the period of July through December 2015 is due March 1, 2016.

Deficiency Progress Update 4:

The next Report 6 submittal for the period of July through December 2015 is due March 1, 2016.

Evaluation Team Response:

Deficiency is a work in progress. No reporting due during this period to report.

Deficiency Progress Update 5:

Report 6 for reporting period July 1 to Dec 31, 2015, was submitted via email to State Water Resources Control Board (SWRCB) staff prior to the reporting deadline. Contact was also made with SWRCB and an email was provided to LAFCUPA from SWRCB confirming receipt of the report.

Evaluation Team Response:

Deficiency is corrected.

State Water Board acknowledges the CUPA's Deficiency Progress Update 5 regarding the submittal of Report 6 for the period of July 1 through December 31, 2015 meeting the reporting deadline. State Water Board considers this deficiency corrected.

Deficiency Progress Update 6: N/A**Evaluation Team Response: No update required. This deficiency has been corrected.**

5.	DEFICIENCY:	CORRECTIVE ACTION:
	<p>The annual UST compliance inspection is not always conducted in accordance with the requirements set forth in Statute or Regulation.</p> <p>File review and LA City Fire staff interviews indicate that staff is not always onsite to witness all aspects of the annual monitoring certification. When staff are not present during the annual monitoring certification staff fail to: (1) review the associated annual monitoring certificates which identify functionality testing, annual spill bucket testing, and/or secondary containment tests and note failures on the UST annual compliance inspection report, and (2) inspect the required subsurface elements of the UST system, as inspectors don't have access.</p>	<p>From this point forward, all annual UST compliance inspections shall be conducted in accordance with Statute and Regulation as explained in Local Guidance Letter (LG) 159. The CUPA will develop and submit to CalEPA procedures consistent with the description in LG 159 to implement the law. These policies and procedures are to be added to the document prepared for the Corrective Actions of Deficiency 3. For that reason; submittals, review, implementation, and self-audit time frames shall be the same as, and on the same timeline as, Deficiency 3.</p> <p>Using the annual inspection reports submitted quarterly under Deficiency 3 the State Water Board will randomly select UST inspection reports to review and request the CUPA to submit supporting documentation to determine whether or not the UST annual compliance inspections are being properly conducted. This review will continue until the deficiency is corrected.</p>

		This Deficiency will be considered corrected when annual UST compliance inspections are consistently conducted in accordance with Statute and Regulation for a one-year period.
<p>Deficiency Progress Update 1:</p> <p>CUPA has reorganized the inspection checklist to assist Inspectors in conducting complete inspections. Inspection Procedures, consistent with LG 159 have been developed to manager the inspection activities and to provide consistent inspection practices (Attachment 11).</p> <p>Envision Connect Remote (ECR) went live on 1/28/2015 to facilitate preparation of inspection reports and provide them to owners/operators on the day of inspection.</p>		
<p>Evaluation Team Response:</p> <p>The CUPA has not complied with the corrective action.</p> <p>The Corrective Action is to develop and submit to CalEPA CUPA inspection procedures consistent with the description of LG 159. These policies and procedures are to be added to the document prepared for the Corrective Action associated with Deficiency 3. The submitted Inspection Procedures simply reiterates the inspection checklist and lists field equipment.</p> <p>The State Water Board finds the CUPA's submittal for Deficiency 5 unacceptable. This deficiency and correction was discussed in great detail with Chief Vidovich and Captain Miller on February 26, 2015 during the review of the PIA with State Water Board's UST Unit Chief Laura S. Fisher. State Water Board's UST Unit Chief Laura S. Fisher, met with Chief Vidovich on May 11, 2015 and again with Captain Miller on May 12, 2015 to verbally discuss this unacceptable submittal and provided further direction on how the CUPA can improve and satisfy the intent of the corrective action. The discussions focused on the intent and purpose of these written procedures which are; rebuild the UST element of the Unified Program, provide clear direction, provide consistency, keep momentum of program implementation during the rotation of staff, captains, and chief's, and educate newly appointed/rotated staff, captains and chiefs. As stated above, specifically this Corrective Action is to clarify the CUPA's policies and procedures on how inspections will be conducted in compliance with LG 159.</p> <p>The State Water Board takes note of the progress made with ECR and improvements made to UST annual compliance inspection reports. However, the State Water Board is unable to conduct a review of UST annual compliance inspection reports to determine if inspections are conducted properly, as the CUPA did not supply the documentation required pursuant to the corrective action. State Water Board will begin to conduct such review once all UST annual compliance inspection reports are received.</p> <p>Action Plan for the CUPA:</p> <ol style="list-style-type: none"> 1. Upon immediate receipt of Evaluator Team Response, the CUPA will provide CalEPA with copies of all UST annual compliance inspection reports conducted from January 1, 2015 through March 31, 2015. The CUPA will continue to send all, not a cross-section, UST annual compliance inspection reports until this deficiency is considered corrected. 2. Within thirty (30) days of receipt of Evaluator Team Response, the CUPA will provide CalEPA with the CUPA inspection procedures as outlined in Corrective Action. 		

Deficiency Progress Update 2:

1. The CD's containing the UST annual compliance inspection reports for the period of January 1 – June 30, 2015, was sent through US mail on July 16, 2015 and July 22, 2015.
2. See Attachment 2 for Inspection Guidelines and Procedures.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges in Deficiency 3 the receipt and review of the CUPA's UST Inspection Procedures. State Water Board finds the UST Inspection Procedures acceptable as they cover annual UST compliance inspections when the CUPA witnesses annual UST monitoring certification and when the CUPA cannot witness annual UST monitoring certifications in conformance with LG 159.

On July 31, 2015 and August 4, 2015, State Water Board notes receiving the CUPA's two (2) CD's containing "UST annual inspection reports" for the period of January 1, 2015 through June 30, 2015. State Water Board acknowledges the CUPA's submittals of annual UST compliance inspection reports for the period of January through June 2015. Additionally, the State Water Board review of CERS UST data which includes, Operating Permit Application-Facility Information; Tank Information; Monitoring and Response Plans; Inspection, Violation and Enforcement Information; Return to Compliance; and associated annual UST monitoring certifications has been utilized to determine whether or not the CUPA is conducting complete annual UST compliance inspections. The review of thirty (30) annual UST compliance inspection reports finds the CUPA is not conducting annual UST compliance inspections in accordance with UST Statute and Regulations or pursuant to Local Guidance Letter 159, associated CERS frequently asked questions and state correspondence letters.

Deficiency Progress Update 3:

A meeting was established with the State Water Board Unit, Chief Laura S. Fisher, on September 28, 2015. Ms. Fisher had indicated that inspection reports and CERS showed inconsistencies. Ms. Fisher also noted that inspectors are inconsistent when verifying UST A and B forms on CERS regarding single and double walled tanks. This was noted and identified. Immediately, management and lead inspectors found it necessary to have bi-monthly UST meetings with a minimum of 3 hr. blocks of time. The first meeting was hosted on September 30, 2015 for 4 hours. This allotted time was used as training for new and senior members to discuss these issues, review state correspondence letters, and any other findings. These meetings will also serve to update and review current policies and procedures and the current I&E Plan. These meetings will promote completeness of inspection documentation and consistency with UST Statute and Regulations.

We have identified training as an issue especially with three relatively new UST inspectors assigned to the unit. Each Inspector has been given a specific district as of July 21, 2015. We have identified common mistakes and as we review inspections and quarterly reports, management will be able to identify and focus on areas of concern.

Evaluation Team Response:

Deficiency is a work in progress. State Water Board acknowledges the CUPA's Deficiency Progress Update 3.

The State Water Board continues to find that CUPA UST inspections do not meet the necessary statutory and regulatory standards. From the submittal dated July 30, 2015, State Water Board randomly selected thirty (30) UST facilities from January 1 through June 30, 2015 to review, and found thirty (30) of the thirty (30) inspections do not meet the necessary statutory and regulatory standards.

On September 28, 2015, State Water Board UST Unit Chief Laura S. Fisher, discussed with City of Los Angeles Fire Department CUPA, Captain Dragotto these incomplete annual UST compliance inspections, which included incomplete and inaccurate CERS submittals, as well as testing and monitoring certifications not reviewed for compliance.

State Water Board has observed an increase in a physical presence in the field, and has received positive feedback from the community. Technical regulatory knowledge of inspectors has increased significantly, and efforts to diligently regulate the community are evident. However, as discussed with Captain Dragotto, the CUPA now needs to focus on bringing the inspections up to statutory and regulatory standards. In an effort to do so, CalEPA and the State Water Board provided a 1-day CERS training to inspectors on November 18, 2015.

State Water Board provided a list of UST facilities to the CUPA in an email dated November 12, 2015, requesting regulatory testing and compliance records (including annual UST monitoring certifications) for thirty (30) UST facilities with a due date of December 11, 2015. State Water Board will review this information to determine if annual UST compliance inspections are yet conducted in accordance with UST Statute and Regulations or pursuant to Local Guidance Letter 159, associated CERS frequently asked questions, and State Water Board guidance letters.

Lastly, State Water Board has reviewed Report 6 submittals. Our review of FY 2014/2015 Report 6 submittals finds, the CUPA inspecting 1,046 out of 1,331 regulated UST facilities or 79% of its regulated UST universe.

Deficiency Progress Update 4:

The CUPA recognizes this deficiency and the inconsistencies between inspection reports and CERS entries. Currently, there are 11 ICC certified UST inspectors in the CUPA. The average UST inspector has been working in the CUPA for less than 2.5 years, and new UST inspectors have less than a year's worth of experience. Statutory and regulatory standards will come with time. The need for continuous training and quality control is recognized.

The CUPA is in need of leadership, direction, and guidance. This lack of such is due to not having a CUPA manager for the past year. At this time, the City is actively pursuing a qualified candidate to assume this role. A CUPA manager will help fulfill some of these deficiencies and inconsistencies with policies and procedures.

CalEPA and SWRCB have responded graciously and provided a 1 day CERS training course on November 18, 2015. The session was video recorded and will be placed on the LAFD portal to use as a continuous training and refresher tool. All UST members will sign-up for UST Chief Laura Fisher's Newsletter so they will have up-to-date regulatory and statutory information at their disposal. This information will be used for discussion and training at the bi-monthly meetings. Senior Inspectors will be used as instructors to present the newest material. For example, on December 16, 2015 Inspector II Stevens gave a presentation on abandoned tanks. Filling out A and B forms for single and double wall tanks has been deemed a top priority for all inspectors. This discussion has caused the CUPA to create a new Data Entry Information Form (DEIF) to identify all single wall tanks and other pertinent UST information. These bi-weekly meetings create discussion with key areas of concerns or lessons-learned and helps with those inconsistency issues. The CUPA will continue devising training tools to assist its inspectors and to stay current with the state regulations.

An area of concern for the CUPA is the varying codes used to enforce red tag/bag. CUPA Inspectors utilize the City of Los Angeles Fire Code to enforce because the Los Angeles City Attorney will not prosecute recalcitrant patrons unless the CUPA documents city codes and ordinances for enforcement. This code, however, differs from state regulations. This issue must be discussed and addressed between the CUPA/SWRCB/CalEPA.

Evaluation Team Response:

Deficiency is a work in progress. State Water Board acknowledges the CUPA's Deficiency Progress Update 4.

The State Water Board continues to find that CUPA UST inspections do not meet the necessary statutory and regulatory standards.

State Water Board provided a list of UST facilities to the CUPA in an email dated November 12, 2015, requesting regulatory testing and compliance records (including annual UST monitoring certifications) for thirty (30) UST facilities with a due date of December 11, 2015. Below are just a few of our findings:

- CERS ID 10250407- Annual CUPA inspection report and associated monitoring certification dated August 17, 2015 identifies zero violations and failures. Our review of CERS finds the CUPA did not accept the submitted UST data elements and the reason for not accepting the submittals states, "Already accepted the most recent submittal." However, CERS only indicates one (1) UST submittal has been submitted therefore the CUPA's comments are not acceptable. Additionally, the CUPA's comments do not address the missing elements of the submittal which contains only the UST Facility Operating Permit Application and the UST Tank Information/Monitoring Plan for four (4) tanks.
- CERS ID 10138513- Annual CUPA inspection report and associated monitoring certification dated August 12, 2015 identifies zero violations and failures. Our review of the accepted CERS submittal dated August 12, 2015, finds Tanks 1 through 3 have double-wall product pipe, which is missing the construction element for the secondary pipe.
- CERS ID 10256545- CUPA submitted the annual inspection report dated September 14, 2015 however there is no associated monitoring certification to compare the inspection to verifying compliance. Our review of the accepted CERS submittal dated September 14, 2015 finds Tanks 1 and 2 are missing installation dates and the owner/operator written agreement was not submitted. Our review of CME finds the monitoring certification was conducted March 6, 2015 however, there is no indication the CUPA reviewed the monitoring certification results verifying functionality testing of sensors.
- CERS ID 10253176- CUPA submitted the annual inspection report dated September 21, 2015 however there is no associated monitoring certification to compare the inspection to verifying compliance. There is no indication if the inspection was conducted during the monitoring certification or if the CUPA met an authorized individual onsite to physically inspect all sumps including under dispenser containment, spill buckets, etc.
- CERS ID 10239712- CUPA submitted inspection report dated July 28, 2015. The CUPA cited 18 violations which includes minor, CL II and CI I. There is no RTC noted in CERS as of February 4, 2016 and the only enforcement in CERS is in regards to the Hazardous Waste Generator Program.
- CERS ID 10248115- CUPA submitted the annual inspection report dated September 21, 2015, however there is no associated monitoring certification to compare the inspection to verifying compliance. CERS CME indicates the monitoring certification was conducted January 28, 2015 and there is no indication the CUPA reviewed the monitoring certification verifying functionality testing of sensors. Additionally, the inspection comments state, "no testing during inspection" however, there is no indication if the CUPA conducted a physical inspection visually inspecting all sumps which includes under dispenser containment, spill buckets, etc.

Deficiency Progress Update 5:

Deficiency 5 initially identified the following:

File review and LA City Fire staff interviews indicate that staff is not always onsite to witness all aspects of the annual monitoring certification. When staff are not present during the annual monitoring certification staff fail to: (1) review the associated annual monitoring certificates which identify functionality testing, annual spill bucket testing, and/or secondary containment tests and note failures on the UST annual compliance inspection report, and (2) inspect the required subsurface elements of the UST system, as inspectors don't have access.

Corrective Action:

From this point forward, all annual UST compliance inspections shall be conducted in accordance with Statute and Regulation as explained in Local Guidance Letter (LG) 159. The CUPA will develop and submit to CalEPA procedures consistent with the description in LG 159 to implement the law. These policies and procedures are to be added to the document prepared for the Corrective Actions of Deficiency 3.

As requested by SWRCB, LAFD CUPA has an updated SOP (Attachment A) that has addressed the requirements of LG159 and has provided training to the CUPA staff at multiple staff meetings and discussed clarification issues at the UST Committee meetings. The UST inspection SOP went through much debate, discussion and some clarification with SWRCB. Many of the unanswered UST inspection questions posed by staff over the years have only now recently been addressed and answered by the Manager in consultation with the UST Committee. It is expected that staff will adopt the new changes and respond to the direction going forward. It is for this reason that a LAFD UST file review by SWRCB is likely to reveal inconsistencies however we expect that trend to reverse significantly going forward as staff adopt and implement the direction.

With regard to the six specific instances where SWRCB identified inconsistencies with the inspection and CERS review standards, LAFD CUPA addressed each instance at the CUPA staff meeting and had a lengthy discussion with staff regarding compliance with LG159, cleared any misunderstandings and provided clear direction going forward with staff.

We have done our best to convey the correction to staff and we strive for a goal of 100% compliance however as with any team some staff will be slower on the uptake than others. Through review of inspection reports we will identify staff that are struggling with the new changes and provide additional training as needed.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 5, Attachment A "Standard Operating Procedure- UST 1A Underground Storage Tank Inspection". As stated in Deficiency Progress Update 5, Deficiency 3, State Water Board finds the CUPA's SOP acceptable.

As evidenced by findings in Deficiency Progress Update 5, Deficiency 3, UST inspections are not complete and do not meet the necessary statutory and regulatory standards.

Using submitted annual UST compliance inspection reports and CERS for inspections conducted during this PIA Update period, State Water Board reviewed thirty (30) UST facility inspection reports. Our review of thirty (30) UST facility inspection reports finds CUPA personnel are not consistently; 1) reviewing UST CERS submittals to ensure information submitted by facilities is accurate and complete, 2) either accepting or rejecting incomplete or inaccurate CERS UST information, 3) reporting all observed violations found during the annual UST compliance inspection in the CUPA's annual UST compliance inspection report, and 4) following the CUPA's SOP for issuing violations for failure to report UST information. If personnel are not reviewing and accepting CERS UST information or reporting all observed violations as part of the annual UST compliance inspection, the annual UST compliance inspection is considered incomplete. The following are examples of incomplete annual UST compliance inspections:

- CERS ID 10029853- Annual UST compliance inspection report date March 3, 2016 shows ten (10) violations while CERS CME shows fourteen (14) violations. The missing violations from the CUPA's annual UST compliance inspection report include operating without a permit; tampering with leak detection equipment; UST construction July 1, 2003 through July 1, 2004; and double-wall construction January 1, 1984 through June 30, 2003. The missing violations show personnel are not; 1) reporting all observed violations found during the annual UST compliance inspection in the CUPA's annual UST compliance inspection report and 2) following the CUPA's SOP for issuing violations for failure to report UST information which leads to an incomplete annual UST compliance inspection.
- CERS ID 10241233- Annual UST compliance inspection report date February 29, 2016 shows six (6) violations while CERS CME shows four (4) violations. The missing violations in CERS include line leak detector not installed on pressurized pipe and pressurized pipe unable to detect 3.0 gallon per hour leak within an hour, restricts flow, or alarms. The missing violations show personnel are not; 1) reporting all observed violations found during the annual UST compliance inspection in the CUPA's annual UST compliance inspection report and 2) following the CUPA's SOP for issuing violations for failure to report UST information which leads to an incomplete annual UST compliance inspection.
- CERS ID 10242196- Annual UST compliance inspection report date February 10, 2016 show zero (0) violations. The annual UST compliance inspection report does not include violations for failing to submit CERS UST information. The missing CERS UST information show personnel are not; 1) reporting all observed violations found during the annual UST compliance inspection in the CUPA's annual UST compliance inspection report and 2) following the CUPA's SOP for issuing violations for failure to report UST information which leads to an incomplete annual UST compliance inspection.
- CERS ID 10240537- Annual UST compliance inspection report date March 14, 2016 shows zero (0) violations. The annual UST compliance inspection report does not include violations for failing to submit CERS UST information. The missing CERS UST information show personnel are not; 1) reporting all observed violations found during the annual UST compliance inspection in the CUPA's annual UST compliance inspection report and 2) following the CUPA's SOP for issuing violations for failure to report UST information which leads to an incomplete annual UST compliance inspection.
- CERS ID 10254616- Annual UST compliance inspection report date March 9, 2016 show zero (0) violations. The annual UST compliance inspection report does not include violations for failing to submit CERS UST information. The missing CERS UST information show personnel are not; 1) reporting all observed violations found during the annual UST compliance inspection in the CUPA's annual UST compliance inspection report and 2) following the CUPA's SOP for issuing violations for failure to report UST information which leads to an incomplete annual UST compliance inspection.
- CERS ID's 10257538, 10256149, 10255141, 10254169, 10251055, 10248700, 10246360, 10240663, 10240657, and 10187987- The CUPA identifies annual UST compliance inspections are complete, yet State Water Board staff finds CERS UST information for these facilities has; 1) not been reviewed, 2) accepted with incomplete or inaccurate information, or 3) submittals have been made by an owner/operator and have not been accepted or rejected by the CUPA as part of the annual UST compliance inspection.

As previously discussed, the quantity of inspections is no more important than the quality of inspections. As evidence above, annual UST compliance inspections are not always conducted in accordance with the requirements required by statute and regulation.

This deficiency will be considered corrected when inspections are determined to be consistent and complete. State Water Board acknowledges the CUPA providing additional training to personnel based on an updated SOP March 16, 2016. Now that the CUPA's SOP is in place and training has been provided to CUPA personnel, State Water Board will review annual UST compliance inspection reports to verify they are consistent and complete.

Within 30 days of receipt of this response, please provide to CalEPA, compliance information for thirty (30) UST facilities listed below. The compliance information requested is for annual UST compliance inspections conducted subsequently after personnel received training on the CUPA's updated SOP, March 16, 2016. The compliance information will include but not be limited to, if not already provided in CERS, the most recent; 1) annual UST compliance inspection report, 2) associated annual UST monitoring certification, 3) secondary containment test results, 4) spill bucket test results, and 5) financial Responsibility .

1. 10241572- AMERIGAS LLC, 3154 E OLYMPIC BLVD
2. 10248019- ARCO #1940 - PATEL, DILIPKUMAR, 4506 N LANKERSHIM BLVD
3. 10241179- H & K GAS AND GROCERY, 13260 W SHERMAN WY
4. 10253962- DE SOTO GAS 4 LESS, 9061 DE SOTO AVE
5. 10254055- CONICO SANTA MONICA, 11574 W SANTA MONICA BLVD
6. 10250851- TESORO (USA) 63090, 16851 SHERMAN WY
7. 10250383- LUCKY PACIFIC OIL, INC, 11550 LAUREL CANYON BLVD
8. 10253041- STONEY POINT CAR WASH, 21930 W LASSEN ST
9. 10248925- WOODLAND HILLS CAR WASH, INC#255973, 20905 W VENTURA BLVD
10. 10240648- GOLDEN STATE ENTERPRISES 257328, 1701 S ROBERTSON BLVD
11. 10156061- UPS – VAN NUYS, 16000 ARMINTA ST
12. 10254148- UNITED #5701, 8525 S SEPULVEDA BLVD UN A
13. 10249045- NAMA ENTERPRISES INC., 8160 W FOOTHILL BLVD
14. 10242499- BROADWAY OIL 176 INC, 2001 N BROADWAY
15. 10254106- C & S CAR WASH SHELL, 10661 N SEPULVEDA BLVD
16. 10254076- VERMONT GAS, 1010 W MARTIN LUTHER KING JR BLVD
17. 10255480- GOLD STAR GAS, 1100 W MARTIN LUTHER KING JR BLVD
18. 10256428- TOPANGA CANYON ARCO, 9110 TOPANGA CANYON BLVD
19. 10243996- VIA DE LA PAZ, 15401 W SUNSET BLVD
20. 10253086- UNITED #5706, 304 N VERMONT AVE
21. 10240474- SERVICE STATION OF THE STARS, 9448 W PICO BLVD
22. 10249714- YS 76 AUTOCARE, 801 S HOOVER ST
23. 10249000- RAPID GAS #48, 800 N WESTERN AVE
24. 10254451- HYATT REGENCY CENTURY PLAZA, 2025 AVENUE OF THE STARS
25. 10241107- AAA GAS, 5007 W SUNSET BLVD
26. 10254037- RASHID & SONS, 6303 S FIGUEROA ST
27. 10245064- RYDER TRUCK RENTAL #1136, 19133 PARTHENIA ST
28. 10242652- PARAMOUNT FORGE, 1721 E COLON ST
29. 10480237- MIKE'S STATION, 1868 N WESTERN AVE
30. 10242346- RAPID GAS #6, 305 W ANAHEIM ST

Deficiency Progress Update 6:

The requested information was provided to SWRCB. LAFD notes SWRCB identified 6 out of 30 inspections had issues which will be addressed with additional one on one counselling with staff and additional QA of their work.

Evaluation Team Response:

State Water Board

Deficiency is a work in progress.

State Water Board acknowledges the CUPA Deficiency Progress Update 6. Our review of thirty (30) UST facility files which were selected by the State Water Board finds the following:

1. Instances where annual UST compliance inspections are incomplete. Examples include the following:
 - CERS ID 10241572- Annual UST compliance inspection report dated 4-1-2016 shows zero (0) violations. However our review finds no current proof of financial responsibility documentation which should have been cited as a violation.
 - CERS ID 10253962- Annual UST compliance inspection report dated 4-5-2016 shows zero (0) violations. However our review of the provided financial responsibility documentation finds the documentation missing signatures and dates.
 - CERS ID 10254148- Annual UST compliance inspection report dated 4-13-2016 shows no zero (0) violations. Our review of the associated monitoring certification dated 4-13-2016 finds the service technician replacing the float and chain in dispenser 3-4.
2. Instances where annual UST compliance inspection reports do not associate violations with UST's or UST systems. Examples include the following:
 - CERS ID 10241179- Annual UST compliance inspection report dated 4-5-2016 cites multiple violations such as; a) tampering with sensors, b) spill bucket does not have 5-gallon capacity, and c) condition of secondary containment.
 - CERS ID 10249045- Annual UST compliance inspection report dated 4-13-2016 cites two (2) violations for; a) liquid found in sumps and b) secondary containment pipe.
 - CERS ID 10249714- Annual UST compliance inspection report dated 4-21-2016 cites one (1) violation for spill bucket failure.

As evidenced above, annual UST compliance inspection are not complete and do not meet the necessary statutory and regulatory standards. Therefore, State Water Board considers this deficiency a work in progress.

In the next Deficiency Progress Update, the CUPA will provide to CalEPA, compliance information for thirty (30) UST facilities selected by State Water Board if not already provided in CERS. The compliance information will include but not be limited to the most recent; 1) annual UST monitoring certification, 2) secondary containment test results, 3) spill bucket test results, and 4) financial responsibility. State Water Board will select the thirty (30) UST facilities and provide the list of facilities to the CUPA thirty (30) days before the update is due to CalEPA which is noted above as 10-24-2016.

Deficiency Progress Update 7:

The requested information was provided to SWRCB. LAFD notes SWRCB identified 6 out of 30 inspections had issues however there are errors with SWRCB's assessment as noted below.

SWRCB identified the following:

- *CERS ID 10241572- Annual UST compliance inspection report dated 4-1-2016 shows zero (0) violations. However our review finds no current proof of financial responsibility documentation which should have been cited as a violation.*

LAFD Response- CERS ID 10241572 does have financial responsibility documentation uploaded into CERS however it was incomplete and this was identified by the CUPA Inspector in CERSD, the submittal was not accepted and the submitter was directed to correct the issue on 7/19/2016. LAFD acknowledges the violation was not issued for which was a mistake however it was identified and addressed through CERS. Additionally this issue was identified in April during a time when LAFD inspectors were not completely retrained on the UST program as identified by SWRCB.

UST Letter from Chief Financial Officer: AMERIGAS LLC

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Supplemental Documentation

UST Letter from Chief Financial Officer
 You are only required to provide supplemental documentation as specified by your local regulator(s).

Submittal Element History
 Submitted for CERS ID [10241572](#) on 10/22/2013 2:56PM by [tony mansour](#) of [AMERIGAS LLC \(LOS ANGELES, CA\)](#)
 Submittal was **Not Accepted** on 7/19/2016 by [bernard sanchez](#) for [Los Angeles City Fire Department](#)
 Comments by regulator: Add month and date to tanks , add date to Financial Responsibility . When you update these violations e -mail [Bernard.sanchez@lacity LAFD](#)

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UST Letter from the Chief Financial Officer (MS Word, 198 KB)	10/22/2013

Created By: tony mansour on 10/22/2013 2:55 PM
 Last Updated By: tony mansour on 10/22/2013 2:55 PM

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- *CERS ID 10253962- Annual UST compliance inspection report dated 4-5-2016 shows zero (0) violations. However our review of the provided financial responsibility documentation finds the documentation missing signatures and dates.*

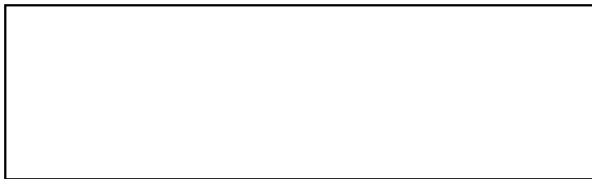
LAFD Response – SWRCB evaluation of the inspection is inaccurate as violations were issued to the facility. The official inspection report issued by LAFD shown below clearly documents two violations that were issued for failing to submit a complete and accurate response plan and a monitoring plan. This report was provided to SWRCB during their review.



Los Angeles Fire Department - Official Inspection Report
UNDERGROUND STORAGE TANK (Double Wall)
 200 N. Main Street
 Los Angeles, CA 90012
 (213) 978-3680
 www.lafd.org



INSPECTOR NAME: JOHN WILSON	PHONE: (213) 264-9826	DISTRICT: 424	FIRE STATION: 096	APN: 2779001031	NOTICE#: DAB3TTUPG	INSPECTION DATE: 04/05/2016
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JAB DHILLON
DE SOTO GAS 4 LESS
9061 DE SOTO AVE
CANOGA PARK, CA 91304
(818) 718-9032

CERS ID:
10253962

FACILITY ID:
FA0030394

NVO = No Violation Observed OUT = Out of Compliance NA = Not Applicable UD = Undetermined COS = Corrected On Site RPT = VDG =

UST Records Review	
CERS / Onsite	
1 UST Operating Permit Application for Facility information and Tank information submitted/maintained <input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> UD <input type="checkbox"/> COS <input type="checkbox"/> RPT	
2 Current BOE number submitted to the CUPA and/or CERS <input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> UD <input type="checkbox"/> COS <input type="checkbox"/> RPT	
3 Failure to maintain on site an approved monitoring plan <input type="checkbox"/> NVO <input checked="" type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> UD <input type="checkbox"/> COS <input type="checkbox"/> RPT Violation Description: Failure to maintain on site an approved monitoring plan. 23 CCR 16 2632, 2634, 2711, 2712(i)	MINOR COMPLY BY: 5/5/2016
4 A complete and accurate response plan has been submitted, approved and maintained <input type="checkbox"/> NVO <input checked="" type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> UD <input type="checkbox"/> COS <input type="checkbox"/> RPT Violation Description: Failure to submit, obtain approval, or maintain a complete/accurate response plan. 23 CCR 16 2632, 2634(e), 2641(h), 2712(i)	MINOR COMPLY BY: 5/5/2016

A violation was incorrectly not issued for financial responsibility however it was addressed in the review of their CERS documentation (see below) along with a multitude of other issues within 5 days of the inspection. There was also a follow up inspection conducted to resolve the outstanding issues. Additionally this issue was identified in April during a time when LAFD inspectors were not completely retrained on the UST program as identified by SWRCB.

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UST Letter from Chief Financial Officer: DE SOTO GAS 4 LESS

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Supplemental Documentation

UST Letter from Chief Financial Officer
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Submittal Element History

Submitted for CERS ID [10253962](#) on 8/18/2014 1:09PM by [jab dhilon](#) of [DE SOTO GAS 4 LESS \(CANOGA PARK, CA\)](#)
Submittal was **Not Accepted** on 4/10/2015 by [Johnathan Wilson](#) for [Los Angeles City Fire Department](#)
Comments by regulator: NOT ACCEPTED BY LAFD INSP JOHNATHAN.WILSON@LACITY.ORG. MONITORING PLAN NEEDS TO BE UPDATED WITH SENSOR TYPE AND NUMBER. UPLOAD PLOT PLAN. UPLOAD FINANCIAL RESPONSIBILITY. FORM ON CERS IS BLANK. UPLOAD RESPONSE PLAN FOR 9061 DE SOTO. THE RESPONSE PLAN IS A DIFFERENT LOCATION. UPLOAD PROPER OWNER STATEMENT OF DO COMPLIANCE FORM. UPLOAD LETTER FROM CHIEF FINANCIAL OFFICER. THE CURRENT FORM IS BLANK FINANCIAL RESPONSIBILITY.

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UST Letter from the Chief Financial Officer (MS Word, 328 KB)	8/18/2014

Created By: [jab dhilon](#) on 8/18/2014 12:59 PM
Last Updated By: [jab dhilon](#) on 8/18/2014 12:59 PM

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- *CERS ID 10254148- Annual UST compliance inspection report dated 4-13-2016 shows no zero (0) violations. Our review of the associated monitoring certification dated 4-13-2016 finds the service technician replacing the float and chain in dispenser 3-4.*

LAFD Response- LAFD agrees with SWRCB, the report indicates the float and chain were replaced however there is no indication on the report that there was a failure. This should have been noted on the inspection report.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all float and chain equipment properly inspected and tested for correct functionality?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all float and chain equipment certified to be working properly?

* In the Section M, below, describe how and when these deficiencies were or will be corrected.

L. Impact Valves:

☐ Check this box if impact valves are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all impact valves properly inspected and tested for correct functionality?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all impact valves certified to be working properly?

* In the Section M, below, describe how and when these deficiencies were or will be corrected.

M. Comments:

I

REPLACED FLOAT AND CHAIN ON DISPENSER #3/4

We have recently also promoted one of the UST inspectors with expert knowledge to assist the Captain in routine QA of inspection reports and to provide retraining of staff where any trends are noticed. This will assist with minimizing mistakes during inspections.

Compliance information for an additional 30 sites was provided to SWRCB as requested.

Evaluation Team Response:

State Water Board

CUPA has met initial corrective action requirements; full correction of this deficiency is pending consistent demonstration of compliance over a 1-year period ending October 27, 2017. This deficiency will be carried over to the scheduled 2017 CUPA evaluation, as the corrective action requirements require demonstration of compliance for a 1-year period.

State Water Board acknowledges receiving compliance information for select UST facilities. Review finds improvement in annual UST compliance inspections. The following are examples of improved annual UST compliance inspections:

1. Personnel are reviewing and scrutinizing UST CERS submittals. This is evidenced by our review, finding personnel not accepting submittals in addition to including comments as to why CERS UST submittals are not accepted.
2. Personnel are receiving testing documentation and noting the review in the CUPA's database as well as in the annual UST compliance inspection report.
3. If personnel do not witness the annual UST monitoring certification, inspection notes in the annual UST compliance inspection report as well as CERS include language showing the site being opened up allowing for a physical inspection to be conducted.
4. Personnel are reflecting failures identified in testing documents into CERS.

State Water Board review of the following CERS ID numbers finds inconsistencies and/or recommends the CUPA follow up with the information:

1. CERS ID 10250398; the annual UST monitoring certification shows the 91 syphon jet being replaced and the sensor identified as L17 (vent sensor) as being programed for positive shutdown. Generally, a syphon jet is replaced when a line leak detector fails testing. While a failure of the line leak detector is not noted, it is generally understood there was a failure of the line leak detector. Generally, when a sensor is programed for a specific function, a violation is cited as there is reason for the monitoring requirement. These identified potential failures are not included in CERS as part of the associated routine inspection.
2. CERS ID 10253854; CERS UST submittal accepted 6/13/2016. Comments show the submittal is conditionally approved and requires the owner/operator to revise information for overfill protection. However, the submittal does not identify when this revision needs to be completed by. This conditional approval should be followed up with by the CUPA.

6.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	The CUPA is not fully implementing its Inspection and Enforcement (I & E) Plan. In many cases, CUPA inspectors are not completing an inspection report after each inspection and leaving a copy with the facility operator. CalEPA, Cal OES, and the State Water Board have observed that many facility files did not contain current inspection reports.	Effective immediately, the CUPA will document all inspections using an inspection report for each program element. By April 23, 2015, the CUPA will provide to CalEPA a list of facilities that were inspected the first and second quarter of FY 2014/2015. The CUPA shall continue to submit quarterly lists until it is uploading its inspections to CERS. State evaluators will review the lists and will request copies of inspection reports from the lists, not otherwise provided under Deficiency 3.

	<p>The CUPA has recently moved from using a data entry inspection form summarizing inspections to issuing an inspection report to facilities. Due to the CUPA's low inspection frequency, most inspections reviewed contained only the data entry form and no inspection report clearly demonstrating factual basis of violations or observations.</p> <p>The CUPA appears to be beginning to remediate this deficiency.</p>	<p>The CUPA will provide quarterly updates of its progress towards ensuring inspection reports are completed after each inspection until this deficiency is corrected. The deficiency will be considered corrected when all the state evaluators have agreed that the inspection reports are being completed. The state evaluators may perform an in-person review of the CUPA's records prior determining this deficiency is corrected.</p>
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Deficiency Progress Update 1:

ECR went live on 1/28/2015 to facilitate preparation of inspection reports and providing them to owners on the day of inspection. The inspection reports are now being completed for all Program Elements.

ECR is the wireless software that handles inspection compliance, creates violations, as well as synchronizes with EC to provide a seamless transition from field data to server data. Inspection reports are created on site; exported to pdf format and either e-mailed or printed utilizing mobile printers.

Attachment 5 contains a list of facilities in the first and second quarter of FY 2014/2015 (July 2014 – December 2014).

Evaluation Team Responses:

CalEPA

The CUPA has complied with the corrective action and submitted a list of inspected facilities. The corrective action requires the CUPA to submit quarterly lists until it is uploading inspections to CERS.

Based on the list submitted by the CUPA pursuant to the corrective action, CalEPA requests inspection reports for the following facilities. Please limit the reports to inspections conducted within the last 12 months, but do include reports for each applicable program element.

- FA0012281
- FA0001785
- FA0007018
- FA0003243
- FA0029462
- FA0003519

CalEPA has briefly reviewed inspection reports submitted in response to other deficiencies. The CUPA is on the right track and appears to have adopted checklists/inspection reports for each program element rather than preparing a single data entry instruction form (DEIF), which had previously represented the occurrence of an inspection.

State Water Board

In future quarters the State Water Board will perform review of the CUPA's records to determine progress and to determine when this deficiency is considered corrected.

Cal OES

Perusal of Attachment #5 reveals approximately 990 total inspections for first half of FY 2014/2015. Of these, about 450 were identifiable as business plan inspections. In CERS, about 285 business plan inspections were identified since 1/28/2015, the rollout date of ECR. Extrapolating to the end of this month, that's about 342 per half year, or about 6% per year. The CUPA is starting to make some progress, however, Cal OES recommends that more effort be expended on the inspections of business plan facilities. Please continue reporting your progress with the next quarterly update.

Deficiency Progress Update 2:

The CUPA has adopted checklists/inspection reports, compliant with the applicable State regulations, for each program element. CUPA has successfully uploaded the CME data to CERS for the first quarter of 2015 and will complete this process for the second quarter by July 31, 2015.

Inspection reports are created on site; exported to pdf format and either e-mailed or printed, utilizing mobile printers, and provided to the facility owner/operator on the day of inspection.

Requested inspection reports for the 6 listed facilities are provided in Attachment 4.

Evaluation Team Response:

CalEPA

The CUPA provided all inspection reports requested by CalEPA in the last update (list above). The reports used standard checklist formatting, contained the facility name, owner, address, and listed areas of compliance and provided room for notes, observations, and classification of violations. The CUPA is on track to correct this deficiency if it continues to use inspection report checklists.

The CUPA did not provide the requisite list of facilities inspected pursuant to the corrective action; however, the CUPA has made progress in electronic reporting and CalEPA was able to pick from facilities with inspections documented in CERS. Please provide inspection reports for facilities with the following CERS ID numbers. Please limit the reports to inspections conducted after 1/1/2014.

- 10259731
- 10258603
- 10258267
- 10255696
- 10246219
- 10244947
- 10240744

State Water Board

Deficiency is a work in progress.

State Water Board initial review of the two (2) CD's submitted for Deficiency 3 finds that 7 out of 14 files have no annual UST inspection reports but rather the third party annual monitoring certification submittal. Additionally, the review of thirty (30) annual UST compliance inspection reports finds the CUPA is not conducting annual UST compliance inspections in accordance with UST Statute and Regulations or pursuant to Local Guidance Letter 159, associated CERS frequently asked questions and state correspondence letters as noted in Deficiencies 3 and 5.

Deficiency Progress Update 3:

The requested Inspection Reports are included in Attachment H.

Evaluation Team Response:**CalEPA**

For the second consecutive inspection report, the CUPA provided all inspection reports requested by CalEPA in the last update (list above). The reports used standard checklist formatting, contained the facility name, owner, address, and listed areas of compliance and provided room for notes, observations, and classification of violations.

Please provide inspection reports for facilities with the following CERS ID numbers. Please limit the reports to inspections conducted after 1/1/2014.

- 10250389
- 10252984
- 10030465
- 10241686
- 10259686
- 10248661
- 10157409

CalEPA has focused on the CUPA's completion of inspection reports. CalEPA relies on BDO's to provide an in-depth review of inspection reports for specific program element. Please see the State Water Board's review of the UST program and address their concerns with the next update report.

State Water Board

State Water Board acknowledges the CUPA's Deficiency Progress Update 3, Attachment H and CD submitted October 29, 2015 containing 249 annual UST compliance inspection reports. Our review confirms inspection reports are being generated.

However the inspection reports contain inconsistent violation information and inspections do not meet the necessary statutory and regulatory standards. Please reference Deficiency Progress Update 3, Deficiency 3 and Deficiency 5, whereby the State Water Board findings further acknowledge the content of this submittal and provide corrective actions.

Deficiency Progress Update 4:

Please see "Attachment 6" for the requested Inspection Reports.

Evaluation Team Response:**CalEPA**

CalEPA is satisfied that inspectors for the City of Los Angeles Fire Department CUPA are completing inspection reports. CalEPA relies on BDO's to provide an in-depth review of inspection reports for specific program element. Please see the State Water Board's review of the UST program, and CalOES review of inspection reports for the Business Plan program. Pursuant to the corrective action, please continue to submit narrative updates and any requested documentation until all state evaluators agree that inspection reports are completed.

CalEPA is not requesting any additional inspection reports.

State Water Board

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 4, Attachment 3 for Deficiency 3 in addition to inspection information received December 11, 2015. Our review confirms inspection reports are being generated.

However, the inspection reports contain inconsistent violation information and inspections do not meet the necessary statutory and regulatory standards. Please reference Deficiency Progress Update 4, Deficiency 3 and Deficiency 5, whereby the State Water Board findings further acknowledge the content of this submittal and provide corrective actions.

Cal OES

CalOES review of the attached completed HMBP inspection reports finds the CUPA satisfactorily complied with the recommended corrective action. CalOES considers the Business Plan portion of this deficiency corrected.

Deficiency Progress Update 5:

Deficiency 6 identified the following:

The CUPA is not fully implementing its Inspection and Enforcement (I & E) Plan. In many cases, CUPA inspectors are not completing an inspection report after each inspection and leaving a copy with the facility operator. CalEPA, Cal OES, and the State Water Board have observed that many facility files did not contain current inspection reports.

The CUPA has recently moved from using a data entry inspection form summarizing inspections to issuing an inspection report to facilities. Due to the CUPA's low inspection frequency, most inspections reviewed contained only the data entry form and no inspection report clearly demonstrating factual basis of violations or observations.

Corrective Action:

Effective immediately, the CUPA will document all inspections using an inspection report for each program element. The CUPA will provide quarterly updates of its progress towards ensuring inspection reports are completed after each inspection until this deficiency is corrected. The deficiency will be considered corrected when all the state evaluators have agreed that the inspection reports are being completed. The state evaluators may perform an in-person review of the CUPA's records prior determining this deficiency is corrected.

As mentioned in Deficiency 3 & 5, LAFD has taken action to update the policies and procedures for UST inspections to address compliance with LG159 in addition to identifying UST violations and providing direction to operators on how to correct the violations. UST inspection staff have received training on the SOP, a UST Committee was formed to identify issues with inspection standards, revise the SOP, train staff on the SOP and be a resource for CUPA staff. The CUPA Manager and Supervisor held a lengthy question and answer session in the CUPA staff meeting to address staffs concerns and provide direction. As previously mentioned, it is anticipated that most staff will respond quickly to the changes however continuing coaching will be needed for other staff that are slower to adjust. We have a lot of confidence in LAFD CUPA staff to respond to the changes and we expect to see that adjustment in future facility reviews conducted by SWRCB.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 5. Our review of annual UST compliance inspection reports finds inspection reports are consistently being issued, although discrepancies remain. For example, information between annual UST compliance inspection reports and CERS CME do not match, and violations that should have been cited during annual UST compliance inspections are overlooked.

As identified in Deficiency Progress Update 5, Deficiencies 3 and 5, annual UST compliance inspections do not meet statutory and regulatory standards.

In the next Deficiency Progress Update, please provide to CalEPA, documentation of the training provided to personnel regarding the CUPA's SOP. Training documentation will include an outline of the training conducted and a list of personnel attending the training.

This deficiency will be considered corrected once annual UST compliance inspections are completed and the content of the inspection reports meet statutory and regulatory standards.

Deficiency Progress Update 6:

The requested information was provided to SWRCB. LAFD notes SWRCB identified 6 out of 30 inspections in Deficiency #5 had issues which will be addressed with additional one on one counselling with staff and additional QA of their work.

Evaluation Team Response:

This deficiency is corrected.

State Water Board acknowledges the CUPA's Deficiency Progress Update 6. Our review of Deficiency 3 finds the CUPA provided annual UST compliance inspection reports for 368 UST facilities. Our review of annual UST compliance inspection reports finds inspection reports are consistently being issued.

Deficiency Progress Update 7: N/A

Evaluation Team Response: No update required. This deficiency has been corrected.

7.	DEFICIENCY:	CORRECTIVE ACTION:
	<p>The CUPA is issuing UST operating permits to facilities that are not in compliance.</p> <p>File review indicates that UST inspectors in many cases are not reviewing annual monitoring certifications, secondary containment testing reports, or other testing and leak detection records. These testing reports and records often contain testing failures or leak test results that result in facility non-compliance, as well as violations that would prohibit the UST operating permit from being issued. The CUPA's failure to conduct this proper document review resulted in UST operating permits being issued to facilities that are not in compliance.</p>	<p>From this point forward, the CUPA will only issue UST operating permits to facilities that are in compliance with Statute and Regulations.</p> <p>By April 23, 2015, the CUPA will develop and submit to CalEPA policies and procedures to verify UST compliance with Statute and Regulations before issuing the permit to operate. These policies and procedures are to be added to the document prepared for the Corrective Actions of Deficiency 3. For that reason, submittal, review, implementation, and self-audit time frames shall be the same as and on the same timeline as Deficiency 3.</p>

		<p>Thirty days after the next UST operating permit issuance cycle the State Water Board will randomly select 30 UST facilities from CERS and provide the list to the CUPA. The CUPA will then submit to CalEPA copies of the facility files so that State Water Board can review and determine that UST operating permits are being issued to facilities that are in compliance.</p> <p>This Deficiency will be considered corrected after one successful permitting cycle where the CUPA has withheld the issuance of operating permits for facilities not in compliance or properly found all facilities to be in compliance.</p>
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Deficiency Progress Update 1:

Management Information Services and Decade Software developed a script to not only flag the facilities with violations but to ensure that a permit is not generated nor issued to non-compliant facilities. Please see Attachment 14 for Billing and Collections Process and Procedures dated 6/10/2013, to be updated with current workflows.

Also with the ECR roll out and inspectors generating the NOV's directly through the ECR, CUPA has a better method identifying the facilities with open violations as well as following-up to either clear the violations and issue the permits or take further enforcement actions, if necessary.

Evaluation Team Response:

The CUPA has not complied with the corrective action.

The Corrective Action states that the CUPA is to develop and submit to CalEPA policies and procedures to verify UST compliance with Statute and Regulations before issuing the permit to operate. These policies and procedures are to be added to the document prepared for the Corrective Actions of Deficiency 3. The noted Billing and Collections Process and Procedures do not cover the corrective action. Deficiency 3 submittal has been identified as unacceptable, and it does not include the requested information for Deficiency 7.

Once in context with the materials for Deficiency 3, State Water Board Staff can evaluate the CUPA submittal.

State Water Board's UST Unit Chief Laura S. Fisher, met with Chief Vidovich on May 11, 2015 and again with Captain Miller on May 12, 2015 to verbally discuss this unacceptable submittal and provided further direction on how the CUPA can improve and satisfy the intent of the corrective action.

The State Water Board finds the CUPA's submittal for Deficiency 7 unacceptable.

Action Plan for the CUPA:

1. Within thirty (30) days of receipt of Evaluator Team Response, the CUPA will provide CalEPA with the policies and procedures to verify UST compliance with Statute and Regulations before issuing the permit to operate as outlined in the Corrective Action.

Deficiency Progress Update 2:

Attachment 3 – CONSOLIDATED PERMIT PLAN contains the procedures to verify UST Element compliance with Chapter 6.7 before issuing the Consolidated Permit.

Evaluation Team Response:**State Water Board**

Deficiency is a work in progress.

State Water Board acknowledges the CUPA submittal "Consolidated Permit Plan" and finds the CUPA captures the requirements to issue UST renewal operating permits to facilities that are in compliance with Chapter 6.7 of the Health and Safety Code.

Action Plan for the CUPA:

On January 23, 2016, please submit to CalEPA information for the thirty (30) UST facilities listed below by name and CERS identification numbers. The information shall include but not limited to, the last annual UST compliance inspection report, the associated annual UST monitoring certification report and the closure of UST violations if noted during the annual UST compliance inspection.

- | | |
|---|--|
| • 10253770 14856 MAGNOLIA BOULEVARD | • 10256245 DAVID SERVICE STATION |
| • 10253335 AAA GAS INC | • 10262413 E & J AUTO REPAIR |
| • 10240669 AL SAL OIL CO, INC #28 | • 10248292 EXXONMOBIL - KHALIL, CHARLES |
| • 10241572 AMERIGAS LLC | • 10242661 GLENROCK CAR WASH |
| • 10547992 Arco #83615 | • 10594831 Keck Hospital of USC |
| • 10243714 ARCO - KOHANOFF, S | • 10242172 LAFD - FIRE STATION 96 |
| • 10250293 ARCO 42039 | • 10250620 LAPD - HOLLYWOOD DIVISION |
| • 10208047 AT&T California - G3108 | • 10257511 MANUFACTURERS LIFE INSURANCE |
| • 10244950 AUTOMOBILE CLUB OF SO CALIF | • 10241791 MK CHEVRON |
| • 10241512 BEVERLY 76 #254454 | • 10255096 OSCAR FURNITURE REFINISHING INC |
| • 10254106 C & S CAR WASH SHELL | • 10510018 Petrol X Two, LLC |
| • 10251487 CALMAT CO - VULCAN MATERIALS, WESTE | • 10250416 SOUTH SHORE MOBIL |
| • 10138353 Chevron (G&M #111) | • 10241440 VICTORY 76 |
| • 10197595 Circle K Stores Inc. Site #2211129 | • 10206658 WESTCHESTER MOBIL |
| • 10246417 CITY OF LA - DEPT OF GENERAL SERVICE | • 10253977 YOUNG'S SHELL #135477 |

Deficiency Progress Update 3:

A system enhancement (script) will be implemented this year NOT to issue the "Consolidated Permit" for facilities with "Class-1" open violations.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 3 regarding the development and implementation of an EnvisionConnectRemote system enhancement script to withhold the CUPA's Consolidated Permit for facilities with "Class-1" open violations. Developing a script, which prevents the issuance of the Consolidated Permit to UST facilities with "Class-1" open violations, is only a step in the right direction, as Section 25285(b) of Health and Safety Code Chapter 6.7 requires complete compliance before a Consolidated Permit may be issued. The script developed by the CUPA only prevents the issuance of the Consolidated Permit for "Class-1" open violations and not for all UST violations such as Class-1, Class-2, and Minor.

Due to the CUPAs late issuance of the UST operating permit (now November of 2015), State Water Board finds it necessary to provide the CUPA with a revised list of thirty (30) UST facilities previously identified in Update 2. Once the State Water Board has confirmed with the CUPA permit issuance is complete, a revised list of UST facilities will be provided. The CUPA will provide CalEPA the requested information identified in Update 2 no later than January 23, 2016.

Deficiency Progress Update 4:

In October 2015, the CUPA successfully implemented a system enhancement (i.e. programming script) to the EnvisionConnect software, so that the system would withhold the issuance of the Consolidated Permit for UST facilities with open "Class-1" violations. All regulated facilities with outstanding "Class-1" violations have not received a permit, and will not until the associated violations have been corrected and cleared.

The CUPA held a meeting with the Laura Fisher of the SWRCB on December 17, 2015, at which time Ms. Fisher noted that a revised list of thirty (30) UST facilities itemized in Progress Update 2 would be provided to the CUPA once the CUPA permit issuance was complete.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 4 to withhold the issuance of the UST Consolidated Permit with open "Class-1" violations. As identified in the previous update, the script developed by the CUPA only prevents the issuance of the UST Consolidated Permit for "Class-1" open/ongoing violations and not for other UST violations such as open "Class-2" and "Minor" violations. The Corrective Action requires the CUPA to withhold the issuance of the UST Consolidated Permit for facilities not in compliance, which includes all types of open/ongoing violations, including "Class 2" and "Minor" violations.

Action Plan for the CUPA:

In the next Deficiency Progress Update please provide a plan and implementation timeline for State Water Board Review, which outlines withholding the UST Consolidated Permit for non-compliance beyond the "Class 1" violations already captured. This plan shall also include outreach materials to permittees outlining the new policy on withholding the UST Consolidated Permit for non-compliance, and consequences of failing to receive the permit.

Deficiency Progress Update 5:

LAFD acknowledges the current process for issuing UST permits under the Consolidated Permit is not compliant with UST permitting standards as permits are issued to sites that have open violations, specifically Class 2 and Minor violations. This process has incorrectly been the LAFD permitting standard for many years. As a CUPA, LAFD has a large number of UST sites and currently the program has placed all of their available resources into ensuring every facility is inspected in accordance with the annual mandate. To issue a UST permit every UST site in the City needs to meet the following requirement:

1. Submittal of UST documentation in CERS
2. Completed onsite testing which includes but is not limited to:
 - a. Monitoring certification
 - b. Spill bucket testing
 - c. SB989 testing

3. Receive an annual UST compliance inspection per LG159 which includes review of UST documentation submitted in CERS
4. Be in full compliance
5. Pay the permit fee

As many of the sites have not been routinely inspected on an annual basis we are seeing many violations onsite and have red tagged and pursued enforcement actions through the Administrative Enforcement Order process and referrals to the City Attorney's office. The CUPA is making every effort to bring the UST regulated community into substantial compliance however as mentioned above this is a work in progress and will take longer than October 1st of this year, when permits are issued, to achieve that goal. This permitting period we will not be issuing a Consolidated Permit to UST sites that have any open UST violations regardless of violation classification.

LAFD is also pursuing a two year UST permit this year to alleviate the administrative burden on businesses and the CUPA.

The action plan to implement this change is as follows:

1. Notify UST operators via a notice on web page, email, in the closing comments of the inspection reports and as an insert on the billing that UST permits will not be issued with any outstanding violations, incomplete testing or failure to submit UST documentation in CERS in the period between permitting cycles. Notification via web will be immediate. Notification via billing will occur when the invoices are generated which is expected to be at the end of July. Notification on the inspection reports will occur at the time of inspection. The standard verbiage to add to the inspection report was added to the Envision Connect Remote library on 4/21/2016
2. Develop a project plan with Management Information Services, Accounting and Data Management Unit to create a new Consolidated Permit that meets the permitting rules outlines above, provides a two permit for UST facilities and determine the ability to maintain an annual permit for the HMBP program. This will occur prior to the end of April.
3. Inspectors will be notified of the change at the next CUPA Staff Meeting on 4/27/2016.
4. The new two year Consolidated UST Permit that meets the criteria stated above will be issued October 1st
5. Sites who fail to receive a permit will be issued a violation for operating without a permit 30 days after permits are issued and placed on a path for progressive enforcement.

See Attachment D for business outreach material that will be added to the CUPA's web page and to the UST inspection reports explaining the new changes. A billing insert explaining the permitting requirements will also be generated and sent out with invoices at the end of July.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 5 whereby the CUPA provides an action plan and implementation timeline for issuing and withholding the Consolidated Permit, which includes the UST Operating Permit (permit) for non-compliance beyond the "Class 1" violations already captured. The CUPA's plan includes language for outreach regarding issuing and withholding permits for non-compliance beyond the "Class 1" violations such as notification via its web page, billing invoices, and annual UST compliance inspection reports. The CUPA's timeline indicates starting October 1, 2016, the CUPA will begin issuing a permit with a two (2) permit year cycle.

The CUPA's current permit expires June 30, 2016. Permits are required to be issued prior to or upon expiration of current permits. Therefore, the CUPA will adjust its permitting schedule to ensure permits are issued timely.

State Water Board acknowledges the CUPA's Attachment D which includes language being added to its web page and annual UST compliance inspection reports. The language referenced in Attachment D notifies owners and operators of the requirements for operating an UST facility which includes the requirements to; 1) possess a valid Consolidated Permit, 2) submit UST information to CERS, 3) complete required testing, and 4) correct violations at the time of Consolidated Permit renewal or face progressive enforcement for failing to obtain a Consolidated Permit.

After issuance of the 2016/2018 permits, State Water Board will provide the CUPA with a list of thirty (30) UST facilities and request compliance information. The compliance information will include but not be limited to, if not already provided in CERS, the most recent; 1) copy of the issued permit, 2) annual UST compliance inspection report, 3) annual UST monitoring certification, 4) secondary containment test results, 5) spill bucket test results, 6) test results showing failures have been repaired, 7) RTC information for issued violations and 8) financial responsibility.

State Water Board review of the CUPA's Inspection and Enforcement Plan submitted during the 2014 CUPA evaluation finds, the enforcement option for permit revocation. The CUPA indicates it will be adopting and issuing permits with a two (2) year permit cycle. Permit revocation language in the Inspection and Enforcement Plan states the CUPA will follow procedures for permit revocation. However, the Inspection and Enforcement Plan does not include the procedures for permit revocation. Therefore, the CUPA will provide CalEPA a copy of the CUPA's permit revocation procedures.

Action Plan for the CUPA

1. In the next Deficiency Progress Update, the CUPA will provide to CalEPA, a revision to the CUPA's action plan and implementation timeline for issuing and withholding permits. The CUPA's revision will address issuing permits prior to or upon expiration of current permits.
2. In the next Deficiency Progress Update and each update thereafter, the CUPA will provide to CalEPA an update regarding the implementation of the CUPA's new UST Consolidated Permit cycle of two (2) years in addition to the CUPA's notification process. Please provide to CalEPA, a copy of an UST invoice showing the notification of permit issuance as described by the CUPA above. If the new permit cycle has been adopted and the CUPA has created a new permit template, please provide a copy of the permit template to CalEPA for review.
3. In the next Deficiency Progress Update, the CUPA will provide to CalEPA, the CUPA's permit revocation procedure. State Water Board will provide feedback on the permit revocation procedure. The permit revocation procedure will include language requiring compliance with statute and regulations and identify timelines for RTC. In addition, the permit revocation procedure will identify once compliance is achieved, the CUPA will re-issue the permit for the remainder of the permit cycle.

Deficiency Progress Update 6:

LAFD CUPA has provided SWRCB an updated Inspection and Enforcement Plan with updated permit procedures for permit revocation and also reinstatement as requested. The existing LAFD I & E plan was based on the model I&E Plan created for CUPA's by the CUPA Forum Board and the permit revocation language was nearly word for word from the model plan which included statutory and regulatory references. RTC was not added to the revocation procedures as RTC is clearly identified in other areas of the LAFD I & E Plan as it pertains to violation compliance. A review of other large CUPA's I & E Plan's regarding permit revocation revealed similar language to LAFD.

The action plan for issuing and withholding permits is as follows:

1. Notify UST operators:
 - a. Web Page Posting – completed
 - b. Inspection Reports - comments have been added to all facility compliance inspection reports – Completed

- c. Mass mailer – ALL active UST facilities were sent a letter in the mail advising of the new requirements to receive a permit. The letter clearly stated UST permits will not be issued with any outstanding violations, incomplete testing, failure to submit UST documentation in CERS in the period between permitting cycles and completion of an annual facility compliance inspection. A copy of the letter was forwarded to SWRCB as requested above –Completed
 - d. Second Mass Mailer- Before September 1st any facility that does not meet the permitting requirement will be notified why the facility is not receiving a permit and will be given 30 days to address the deficiency.
 - e. Enforcement – 30 days after permits are issued additional progressive enforcement will commence and additional violations issued for operating without a permit in accordance with the LAFD CUPA Inspection and Enforcement Plan.
 - f. Notify Inspectors – The inspectors are fully aware and understand the need for the new permitting changes. This is reiterated at EVERY staff meeting- Completed
2. Permit Transition – The current consolidated permit authorizes the facility to operate under the permit until September 30 of the permitting cycle. The new permitting cycle will commence the following day on October 1st and be valid for two years. Eligible facilities will have the new permit mailed out to them before October 1st so there is no chance the facility will operate without a valid permit at the facility as the new permit will be at the site just before the old permit expires.
 3. New Permit Format – The new consolidated permit design and layout will be established in the next 30 days after the billing is completed and invoices mailed out. Billing is scheduled to go out prior to the end of July.

Evaluation Team Response:

State Water Board

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 6. As identified in Deficiency Progress Update 5, permits are required to be issued prior to or upon expiration of current permits. The CUPA's current permits expire June 30, 2016. The CUPA indicates language in current permits allow facilities to operate until September 30, 2016. State Water Board statute and regulations do not allow a UST facility owner/operator to operate a facility with an expired permit.

The CUPA did not address the State Water Board language from Deficiency Progress Update 5 whereby the statement was made, "the CUPA will adjust its permitting schedule to ensure permits are issued timely." Please note, by adjusting the permit schedule without revising the permit the CUPA is requiring UST facility owner/operators to operate with an expired permit. If UST facilities are inspected by State Water Board personnel, facilities may be cited a violation for operating a UST facility without a valid permit which is required pursuant to statute. Also please note, one of the requirements for a facility to obtain a grant to repair a UST system through the State Water Board is to have a valid UST operating permit.

State Water Board review of the CUPA's I & E Plan finds in the Enforcement Options, item 5 Permit Revocation. The CUPA's permit revocation options capture the statute requirements. Furthermore, the CUPA's I & E Plan addresses reinstating a permit after compliance has been achieved. Therefore, the CUPA's I & E Plan for permit revocation is acceptable.

State Water Board acknowledges reviewing the CUPA's mass mailer (document) identified as "LAFD CUPA UNDERGROUND STORAGE TANK PERMIT CONDITIONS NOTIFICATION." The document identifies the following; 1) UST system must not have any unresolved violations of any type, 2) owner/operator must have submitted UST information to CERS, 3) owner/operator must be in financial compliance, 4) UST system must have a completed monitoring certification within the last 12 months, and 5) UST system must have been inspected by a LAFD tank inspector. Our review of the CUPA's document finds the CUPA addresses the requirements to renew an UST operating permit.

In the next Deficiency Progress Update, the CUPA will provide to CalEPA, the CUPA's new consolidated permit design. Please note the new consolidated permit will need to capture the necessary Title 23, and Title 27 requirements.

In the next Deficiency Progress Update, please provide to CalEPA, a narrative on the completion of the CUPA's new permitting procedures. Please discuss if consolidated permitting was successful including revising the permit issuance date. In addition, please provide a list to CalEPA which identifies by CERS ID and name, permits withheld due to non-compliance.

Deficiency Progress Update7:

LAFD has updated the Unified Consolidated Permit and provided the permit to SWRCB via email. A subsequent conference call with SWRCB indicated the permit is satisfactory however there were some recommendations to improve some features in future iterations.

As noted in LAFD's update # 6 above, the older permits authorize the permit holder to operate under the permit until Sept 30. This language has been in place for many years and has passed previous evaluation scrutiny. There is some consensus that the valid dates and authorized dates may seem confusing but this has always been the practice and LAFD clearly state on the permit that the facility is authorized to operate under the permit until Sept 30. This was communicated via telephone call with SWRCB prior to this response and also in Update #6. The UST facility's operating under the September 30 deadline are not operating without a unified permit.

The new permit eliminates the confusion going forward and utilizes a two year permit period from October 1st 2016 to September 31st 2018.

In consultation with SWRCB regarding the interpretation of Title 23 and Title 27 permitting requirements, we have established the following conditions which must be met prior to issuing a unified permit:

1. An annual compliance inspection has been conducted by the CUPA;
2. The must facility not have any open UST violations;
3. The facility must have submitted all relevant UST and facility forms within the permitting cycle or as prescribed by law;
4. The UST submittal must have been reviewed by the regulator
5. The facility must have completed all relevant scheduled testing (SB989, Spill bucket, MC)
6. The permit fees are paid in full

The majority of LA City UST facilities did not receive a permit this permitting cycle. Of the 1290 facilities only 231 facilities received a permit as the remainder did not meet one or more of the permit issuance conditions. LAFD will be running the permitting scripts every two weeks and will issue permits where the above permit conditions are met. Sites without a permit will be on the progressive enforcement track.

This has been a very challenging process not only from the perspective of developing a script that touches data from three separate databases but also ensuring we have completed our due diligence to ensure violations are closed when justified and all facility submittals are reviewed. Because so many facilities did not receive a permit we are also receiving many enquiries from businesses as to the status of their permits. Due to the complexity of the process and the amount of resources required to issue the permit we decided early in the process to elect a two year permit cycle to reduce the permitting burden on the CUPA and the businesses.

Overall the process is successful as it meets T23 and T27 requirements and the corrective action required by SWRCB, there was some resource relief by going to a two year permit and although we are yet to see the full effect there will obviously be gains in compliance. The downside is the frustration experienced by the facilities and the subsequent feedback we are starting to receive however that is unavoidable. We have tried to minimize business frustration by conducting numerous business outreaches alerting them to the change. Outreach was conducted on our web page, in the compliance inspection reports and a mass mailer that went to every UST facility in the City. Overall, the process is very labor intensive however, it is anticipated that further efficiencies will be identified and implemented in successive permitting cycles.

A list of UST facilities that did not receive a consolidated permit for any of the following conditions was provided to SWRCB.

Evaluation Team Response:

State Water Board

Deficiency is a work in progress; there is one (1) remaining corrective action, which needs completion. This deficiency will be carried over to the scheduled 2017 CUPA evaluation.

The CUPA identifies six (6) compliance and administrative requirements, which must be met in order to issue a consolidated unified permit, which includes the UST operating permit. Based on the six (6) requirements, 231 of the 1,290 regulated UST facilities received a permit for the new permitting cycle of October 1, 2016 – September 30, 2018. In order to complete permit issuance for the remaining UST facilities, the CUPA confirms every two (2) weeks, it will be begin conducting permitting activities to issue the remaining permits as applicable. State Water Board also finds the CUPA describing and receiving feedback from the regulated community as to why a facility permit to operate has not been issued.

Our review of the CUPA's revised permit design finds the CUPA removing language indicating a facility may continue to operate under the existing permit until September 30. In addition, the permit now contains the following information: 1) issuance and expiration date, 2) UST identification numbers, 3) monitoring requirements, and 4) permit conditions.

State Water Board acknowledges receiving the list of facilities not receiving permits. The list identifies facilities by name and CERS ID.

8.	DEFICIENCY:	CORRECTIVE ACTION:
	<p>The CUPA is not requiring UST facilities with testing and/or leak detection failures documented as part of monitoring certifications, secondary containment testing, and other testing of non-monitoring reports to return to compliance. In addition, a review of the submitted violation tracking spreadsheet provided by the CUPA manager shows that in many instances return to compliance is not occurring during annual compliance inspections.</p> <p>Our file review indicates that facilities have been operating out of compliance for multiple years.</p>	<p>From this point forward, the CUPA will; (1) review testing and leak detection reports and cite testing and leak detection failures as a violations, (2) require facilities to correct violations associated with testing and leak detection failures as identified both during inspections and review of testing and leak detection reports, (3) require facilities to re-test and demonstrate that compliance with Statute and Regulations has been met.</p> <p>By April 23, 2015, the CUPA will develop and submit to CalEPA policies and procedures for inspectors to verify return to compliance for testing and or leak detection failures within the appropriate time frames. These policies and procedures are to be added to the document prepared for the Corrective Actions of Deficiency 3. For that reason, submittal, review, implementation, and self-audit time frames shall be the same as, and on the same timeline, as Deficiency 3.</p> <p>By January 23, 2016, and quarterly thereafter the State Water Board will review CERS for facilities with violations, and require the CUPA to submit necessary supplemental information to demonstrate how return to compliance was achieved.</p> <p>This Deficiency will be considered corrected when the CUPA has the above-referenced policies and procedures in place and consistently over a one-year period has reviewed testing and leak detection reports and appropriately cited violations for failures, required facilities to correct testing and leak detection violations, and required facilities to retest and demonstrate compliance when there has been a failure indicated in a testing or leak detection report.</p>
	<p>Deficiency Progress Update 1:</p> <p>Software upgrades and revising the to-do lists will assist in alerting inspectors of violations in need of inspections and re-inspections. The addition of the AEO program will reinforce compliance.</p> <p>The appropriate procedures will be developed for inspectors to verify return to compliance for testing and leak detection failures within the required time frames.</p>	
	<p>Evaluation Team Response:</p> <p>The CUPA has not complied with the corrective action.</p>	

The Corrective Action is to develop and submit to CalEPA policies and procedures for inspectors to verify return to compliance for testing and or leak detection failures within the appropriate time frames. These policies and procedures are to be added to the document prepared for the Corrective Actions of Deficiency 3. Deficiency 3 submittal is unacceptable, and it does not include the requested information for Deficiency 8.

The CUPA Deficiency Progress Update 1 states that the procedures “will be developed” to verify return to compliance for testing and leak detection failures within the required timeframes; however that is exactly what this Corrective Action reporting was required to include.

State Water Board’s UST Unit Chief Laura S. Fisher, met with Chief Vidovich on May 11, 2015 and again with Captain Miller on May 12, 2015 to verbally discuss this unacceptable submittal and provided further direction on how the CUPA can improve and satisfy the intent of the corrective action.

The State Water Board finds the CUPA’s submittal for Deficiency 8 unacceptable.

Action Plan for the CUPA:

1. Within thirty (30) days of receipt of Evaluator Team Response, the CUPA will provide CalEPA with the policies and procedures regarding inspector verification of return to compliance for testing and or leak detection failures as outlined in Corrective Action.

Deficiency Progress Update 2:

See Attachment 2 for Inspection Guidelines and Procedures and response to deficiency #2.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA’s UST Inspection Procedure and Consolidated Permit Plan submittals and finds them both acceptable as they address reviewing testing reports for accuracy and completeness; performing follow-up and re-inspections as needed; noting and entering “return to compliance” in the CUPA’s Envision Connect Remote database; and requiring compliance with Chapter 6.7 of the Health and Safety Code prior to renewing UST operating permits. However, as indicted in Deficiencies 3 and 5, the State Water Board finds the CUPA is not conducting annual UST compliance inspections in accordance with UST Statute and Regulations or pursuant to Local Guidance Letter 159, associated CERS frequently asked questions and state correspondence letters.

Deficiency Progress Update 3:

LAFD CUPA - PROCEDURES FOR REVIEW OF TESTING DOCUMENTS

Underground Tank testing results are required to be submitted within thirty (30) days of testing. Owner/Operators or ICC certified technicians and installers may submit their test results to the LAFD CUPA via USPS Certified Mail (LAFD CUPA, 200 N. Main St., Suite 1700, LA CA 90012), E-mail at lafd.usttestnotify@lacity.org, or personal delivery. Reports can also be uploaded to CERS. Submissions are received and distributed to the district inspectors by the UST/Enforcement Clerk Typists.

UST/Enforcement Inspectors shall review all test submittals within fifteen (15) days of receipt, and take note of any errors or omissions. Inspectors will review reports for:

- **Timeliness** (was the test conducted within the required time frame, and submitted on-time?)
- **Accuracy** (is the report complete and accurate? Is owner/operator information correct? Does the site layout/equipment list/system description match our records?) Compare with submitted monitoring plan

- **Test Results** (note any failed or incomplete tests. All systems and equipment required by Code shall be addressed; (drop tube flapper/vent ball-float, SO switch, TLG/Alarm, etc.)

Note: The LAFD CUPA does not accept *visual failures* for test boots. Testers are expected to replace failed test boots and complete SB989 testing within the required time frame. Visual failures that are reported and not addressed before the anniversary date will be considered “Class 1” violations. A Div 5 permit is NOT required for the replacement of test boots (Penetration Fittings that also serve as test boots DO require a Div 5 permit).

UST/ Enforcement Inspectors shall take the following actions as appropriate to the testing report:

- Attach the report to the facility in Envision
- Place a hard copy of the report in the “permit” files, or scan into Envision
- If the Owner/Operator has uploaded the report to CERS, review and accept

Review the report and respond to any failures or abnormal findings with the appropriate level NOV. Any NOV issued shall direct the Owner/Operator to obtain a Div. 5 permit to repair/replace/install any failed/missing equipment and to correct any other deficiencies **FORTHWITH**. Furthermore, it shall be expected that any corrections be completed and inspected, with passing testing results, within ninety (90) days of the initial testing failures. Failure to meet this requirement may result in “Formal Enforcement” action.

Upon completion of inspection and retesting, results shall be resubmitted directly to the LAFD CUPA. Enforcement Inspectors shall ensure that the results are filed, and attached to the facility in Envision. Any NOV that has met compliance shall be signed-off.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA’s Deficiency Progress Update 3, Action Plan item 6 in Deficiency 2. The CUPA’s procedures identify how staff will review testing documents for timelines, accuracy, and noting test results. Further, the procedure identifies attaching testing documents to facilities in the CUPA’s database; placing a hard copy of testing documents in the permit file, and reviewing CERS in the event the testing documents have been submitted to CERS. Finally, the procedures identify how CUPA staff will respond to any failures, timeframes for which failures are required to be corrected; and enforcement actions if required.

While these procedures are well developed, three topics still need to be addressed. First, the CUPA needs to identify a procedure for the distribution of the testing documents received from the general testing email account lafd.usttestnotify@lacity.org into the inspector’s hands for their review within fifteen (15) days of receipt. Currently inspectors are not consistently, or in a timely manner, provided test results from the general testing email account lafd.usttestnotify@lacity.org for review. Second, inspectors are not consistently or in a timely manner, reviewing CERS UST submittals. Procedures are needed to direct inspectors to review in a timely manner, testing records submitted via CERS. Third, to clear this deficiency the CUPA shall demonstrate the timely review of submitted testing documents. Therefore, the CUPA shall identify mechanisms used to verify timely review. For example, in CERS or with hard copy submittals, this may be accomplished by requiring staff to provide a date, time and comments demonstrating timely review of submitted testing documents. This verification process will be used to demonstrate compliance and clear this deficiency. Once the CUPA has revised its procedures, please send a copy to CalEPA and State Water Board for review.

Action Plan for the CUPA:

1. Within thirty (30) days of receipt of the Evaluator Team Response, the CUPA will submit to CalEPA and State Water Board revised procedures identifying requirements for the distribution of testing documents from the general testing email account to staff; direction and timeframes to review CERS UST submittals in a timely manner, and mechanisms demonstrating staff have reviewed submitted testing documents.

Deficiency Progress Update 4:

Please see "Attachment 8".

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 4, Attachment 8 and finds the CUPA's procedures acceptable. Our review of the CUPA's *Procedures For Review Of Testing Documents* finds the CUPA addresses requirements for distribution of received testing and leak detection documents (documents), time frames in which documents are to be reviewed, and mechanisms demonstrating staff have reviewed documents for compliance.

This Deficiency will be considered corrected once there is consistent documentation over a one-year period that shows the appropriate documents are being submitted, submitted in a timely manner, reviewed by International Code Council (ICC) certified staff, and retained by the CUPA (i.e. implementation of the *Procedures for Reviews of Testing Document*).

Deficiency Progress Update 5:

LAFD's procedures have been discussed during the UST Committee Meetings and also training provided during the CUPA Staff Meeting. CUPA Staff Meetings were temporarily changed to biweekly to address the concerns of the PIA through training, discussion and policy changes. The CUPA will be assessing the implementation and adherence to the policy through review of inspection reports, file reviews and feedback at committee and staff meetings. Our goal is 100% compliance with the policy and we welcome SWRCB's review of our files and any feedback that will assist the CUPA with this goal.

Evaluation Team Response:

Deficiency is a work in progress.

State Water Board acknowledges the CUPA Deficiency Progress Update 5 whereby the CUPA indicates regular meetings and training regarding policy changes in addition to assessing staffs implementation and adherence to policy changes. Within 30 days of receipt of this response, please provide to CalEPA for review, compliance information if not already provided in CERS for thirty (30) UST facilities listed below. The compliance information will include but not be limited to the most recent; 1) annual UST monitoring certification, 2) secondary containment test results, 3) spill bucket test results, 4) test results showing failures have been repaired, 5) financial responsibility, 6) documentation showing UST/Enforcement personnel forward test reports and requests for service on a daily basis, 7) documentation showing personnel are reviewing test report submittals within fifteen (15) days, and 8) documentation showing personnel are scanning and attaching reports to Envision, placing hard copies of reports into UST facility files, and comments as appropriate to show personnel are reviewing and accepting CERS UST submittals per identified procedure, "Procedures for Review of Testing Documents."

1. 10138385- G & M OIL CO. #127, 11501 N SEPULVEDA BLVD
2. 10138425- G & M OIL CO #150, 15710 ROSCOE BLVD

3. 10141893- VERIZON CALIFORNIA INC., 8000 W FOOTHILL BLVD
4. 10146149- COSTCO WHOLESALE #1071, 13530 PAXTON ST
5. 10153143- FABRICOTE, 724 E 60TH ST
6. 10154969- CATALINA PACIFIC CONCRETE, 5299 W 111TH ST
7. 10156203- UNITED PARCEL SERVICE, 12745 W ARROYO ST
8. 10166309- AVIS RENT A CAR SYSTEMS, 9217 S AIRPORT BLVD
9. 10173169- RTDD CHEVRON MART, 11951 W OLYMPIC BLVD
10. 10173965- ART'S 76, 5890 W HOLLYWOOD BLVD
11. 10174355- PENSKE TRUCK LEASING CO., LP, 11200 PEORIA ST
12. 10187987- CIRCLE K STORES INC #2211095, 18468 W BURBANK BLVD
13. 10188009- CIRCLE K STORES INC # 2211109, 3950 W OLYMPIC BLVD
14. 10197610- CIRCLE K STORE INC. SITE #2211137, 9115 N WOODMAN AVE
15. 10239616- FLETCHER CHEVRON, 3100 N SAN FERNANDO RD
16. 10239763- CRENSHAW OIL, 3227 W 54TH ST
17. 10239928- HOWARD SOMMERS TOWING INC, 7252 N DEERING AVE
18. 10239982- MAIN ST FUELS, 1516 S MAIN ST
19. 10239985- RESEDA MOBIL, 19248 VICTORY BLVD
20. 10239988- PINWOOD PETROL INC, 7101 W FOOTHILL BLVD
21. 10240390- SEPULVEDA & SATICOY, INC, 7557 N SEPULVEDA BLVD
22. 10240645- GSE 76 MARENGO #256863, 1848 E MARENGO ST
23. 10240657- AL-SAL OILCO #20, 10000 S FIGUEROA ST
24. 10240666- GSE 76 SANTA MONICA #256886, 6678 W SANTA MONICA BLVD
25. 10240669- GSE 76 VERNON #250909, 505 W VERNON AVE
26. 10240996- MAC – CHEVRON, 5356 N CANOGA AVE
27. 10248700- WEINGARTEN REALTY, 8000 W SUNSET BLVD
28. 10254073- SOUTH WESTERN SHELL #68558, 8611 S WESTERN AVE
29. 10256509- TAMPA 76, 19301 W NORDHOFF ST
30. 10257538- SLS HOTEL, 465 S LA CIENEGA BLVD

In the next Deficiency Progress Update, please provide to CalEPA, training documentation the CUPA provided to personnel regarding CUPA SOP's. Training documentation will include an outline of the training conducted and a list of personnel attending the training.

Deficiency Progress Update 6:

As requested the following documentation was provided to SWRCB:

1. The information requested for the above 30 facilities
2. Training documentation the CUPA provided to personnel regarding CUPA SOP's.
3. Training documentation with an outline of the training conducted and a list of personnel attending the training.

The State response requests proof that test documentation is reviewed within 15 days by inspection staff. LAFD CUPA has a policy for staff to review test documentation within 30 days. This policy was reviewed and accepted by SWRCB during deficiency progress update #5. The documentation was recent to SWRCB for verification. The following excerpt was taken from ***LAFD CUPA SOP Inspection Procedure UST 1***

1. Test results must be submitted within 30 days and reviewed for accuracy and completeness by an LAFD inspector within 30 days of receipt.

Evaluation Team Response:

State Water Board

Deficiency is a work in progress.

State Water Board acknowledges the CUPA's Deficiency Progress Update 6. The CUPA provided language indicating inspection personnel must review submitted test results within 30 days for accuracy and completeness. Furthermore, the CUPA indicates its policy was reviewed by State Water Board in Deficiency Progress Update 5. State Water Board review of Deficiency Progress Update 5 did not include a policy to be reviewed and the CUPA did not provide a narrative regarding the policy in question. State Water Board acknowledged in Deficiency Progress Update 4, that Attachment 8 identified as "Procedures for Review of Testing Documents" (procedure) was acceptable.

Our review of the CUPA's procedure finds the following language:

1. First sentence- "Underground Tank testing results are required to be submitted within thirty (30) days of testing."
2. Last sentence in the second paragraph- "Inspectors will review all test report submittals within fifteen (15) days of receipt, and take notice of any errors or omissions."

Based on the CUPA's procedure, State Water Board requested the CUPA to provide documentation showing personnel are reviewing test report submittals within fifteen (15) days in Deficiency Progress Update 5.

The CUPA has provided to CalEPA training documentation dated July 6, 2016. Items covered in the training documentation include; 1) CERS submittals and required UST fields, 2) how to address incomplete submittals, 3) UST inspection violation documentation, 4) Envision test results documentation procedures, and 5) review of inspection checklists submitted by the State as examples. Furthermore, the CUPA provided a sign in sheet which identifies fourteen (14) inspectors attending the training conducted July 6, 2016.

State Water Board review of the CUPA's submittal for the thirty (30) UST facilities selected by State Water Board finds the following:

1. While leak detection documents for the selected facilities are being consistently uploaded into the CUPA's Envision database, inspection personnel are not consistently requiring retesting of failed components in a timely manner. CERS ID 10239988- on 11-19-13, the secondary containment test noted failures. 9-30-15 a retest of the failed components was completed showing passing results. CERS ID 10256506- on 11-30-14, the secondary containment test noted failures. 8-25-15 a retest of the failed components was completed showing passing results.
2. Inspection personnel are not consistently reviewing test report submittals in a timely manner. This is evidenced by multiple screen shots showing date of review or "Activity Date" from the CUPA's Envision database being greater than sixty (60) days after testing was completed. Our review did find the review of testing results by inspection personnel meeting the CUPA's procedures; however, review time frames were not consistent. For example, a) CERS ID 10141893- on 5-16-16, the notes indicate the review of the monitoring certification dated 3-24-16, b) CERS ID 10146149- on 7-16-16, the notes indicate the review of the monitoring certification dated 1-6-16, c) CERS ID 10154969- on 7-18-16, the notes indicate the review of the monitoring certification dated 3-3-16 and the monitoring certification retest dated 4-16-16, d) CERS ID 10153143- on 7-12-16, the notes indicate review of the monitoring certification dated 6-10-16, e) CERS ID 10156203- on 7-16-16, the notes indicate the review of the monitoring certification dated 7-12-16, and f) CERS ID 10173965- on 4-18-16, the notes indicate the review of monitoring certification and secondary containment test dated 3-10-16.

The CUPA is not consistently following its procedures. Therefore, State Water Board considers this deficiency a work in progress.

In the next Deficiency Progress Update, the CUPA will provide to CalEPA, compliance information for thirty (30) UST facilities selected by State Water Board if not already provided in CERS. The compliance information will include but not be limited to the most recent; 1) annual UST monitoring certification, 2) secondary containment test results, 3) spill bucket test results, 4) test results showing failures have been repaired, 5) financial responsibility, 6) documentation showing UST/Enforcement personnel forward test reports and requests for service on a daily basis, 7) documentation showing personnel are reviewing test report submittals within fifteen (15) days, and 8) documentation showing personnel are scanning and attaching reports to Envision, placing hard copies of reports into UST facility files, and comments as appropriate to show personnel are reviewing and accepting CERS UST submittals per identified procedure, "Procedures for Review of Testing Documents." State Water Board will select the thirty (30) UST facilities and provide the list of facilities to the CUPA thirty (30) days before the update is due to CalEPA which is noted above as 10-24-16.

Deficiency Progress Update7:

LAFD has provided SWRCB with an updated procedure to review UST documentation submittals within 30 days. LAFD acknowledges there are instances where they have not met the deadline for document review however inspectors are aware of the requirement, have been trained multiple times and we have taken additional steps to QA their activities and address problems where they were identified. The LAFD inspectors are responding to the changes however LAFD does agree that it is a work in progress and we are seeing very impressive gains in staff compliance. LAFD has 1290 UST's and 8 UST inspectors that have not only exceeded the inspection rate required of them they have also caught up on overdue sites identified by SWRCB during the initial evaluation. There was a multitude of issues within the program which we have identified as a group and taken the time out of their inspection time to fix. There was also thousands of submittals in CERS that they have been diligently working on. Some of the inspectors have had trouble with meeting the document review deadline while others have not. They have done an amazing job to date and will continue to improve on an already very healthy UST program.

The records requested above were provided to SWRCB based on an email request received from SWRCB.

Evaluation Team Response:

State Water Board

CUPA has met initial corrective action requirements; full correction of this deficiency is pending consistent demonstration of compliance over a 1-year period ending October 27, 2017. This deficiency will be carried over to the scheduled 2017 CUPA evaluation, as the corrective action requirements require demonstration of compliance for a 1-year period.

State Water Board acknowledges receiving provided documents for select UST facilities. Documents include annual UST monitoring certifications, spill bucket testing, secondary containment tests, and screen shots showing documentation being received and reviewed. State Water Board review finds the CUPA requiring facilities with failures noted in annual UST monitoring certifications, spill bucket testing, and secondary containment tests to RTC. This is evidenced by violations being cited and re-testing of failures; thus requiring demonstration of failures/violations to RTC.

9.	DEFICIENCY:	CORRECTIVE ACTION:
	<p>The CUPA is not ensuring that businesses annually resubmit or certify their hazardous materials inventory information.</p> <p>Hazardous materials inventories are currently accepted through the CUPA's local reporting portal and through CERS.</p> <p>Out of the 21 files reviewed by OSFM, 20 files did not have an updated inventory.</p> <p>45% of facilities queried in CERS by Cal OES did not have an updated inventory.</p>	<p>By April 23, 2015, the CUPA will prepare and implement an action plan to address this deficiency. By July 23, 2015, the CUPA will provide a status on the action plan implementation.</p> <p>The CUPA will continue to provide quarterly updates of its progress towards ensuring facilities annually submit an updated inventory online. The deficiency will be considered corrected when 90 percent of the regulated businesses are in compliance. CalEPA, OSFM and/or Cal OES may require screenshots of the CUPA's portal, database, CERS or copies of inspection reports, notices of violation and/or return to compliance documentation or to perform an in person review of the CUPA's records prior to determining this deficiency corrected.</p>

Deficiency Progress Update 1:

On 2/15/2015 an outreach letter was sent to all participants in the program regarding electronic submittal of hazardous materials information (Attachment 4):

"All businesses in the LAFD CUPA jurisdiction should have made electronic submittal to CERS for reporting year 2012 by now. Annual Hazardous Materials Inventory update for reporting year 2014 is due by March 31, 2015."

2,620, out of 11,942, submission elements were submitted to CERS since (as of April 16, 2015).

Evaluation Team Responses:

OSFM

The CUPA has not complied with all of the corrective action requested.

The CUPA has not provided an action plan detailing how it will address this deficiency, but has sent an outreach letter to all participants in the HMBP program in regards to the submittal of hazardous material information. A review of CERS indicates that only 33% of facilities under the CUPA's jurisdiction have submitted hazardous materials inventories within the past year. OSFM is concerned that the current progress and outreach is not sufficient because compliance appears to have decreased since the evaluation.

Please submit an action plan to address this deficiency and ensure inventories are annually submitted for all regulated facilities. OSFM recommends that the action plan include a discussion of how the CUPA will take appropriate enforcement action against facilities that do not comply with this requirement. On the next progress report, please also provide an updated list of the facilities that are not in compliance and enforcement actions taken by the CUPA, if any. OSFM will continue to review the information available on CERS.

CalOES

The CUPA's outreach resulted in about 2600 submittals in a 2 month period. If the CUPA is able to maintain the current level of submittals, the deficiency should be resolved in about a year. Cal OES recommends that the CUPA keep up the effort to bring the facilities into compliance, and report their progress with the next quarterly update.

Deficiency Progress Update 2:

The compliance with the HMBP regulations are verified during the routine inspections and any violations are reported on the Inspection Report and followed up till corrected. CME data are available on CERS: 341 inspections were performed in the 1st quarter of 2015 resulting in 889 violations. No formal enforcement action has been taken to date.

The total number of HM Inventory submittals for 2nd quarter of 2015 is 944; it shows steady rate of compliance in comparison with 2,095 for 1st quarter, immediately following the outreach letter. The Annual Hazardous Materials Inventory submittal rate is 65% for the 2014/15 fiscal year (4,542 submittals out of 6,910 facilities).

For Annual Inventory Update Action Plan see Attachment 5.

Evaluation Team Response:

The CUPA has provided a satisfactory action plan. The CUPA should follow this action plan to achieve compliance for inventory submittals for all facilities. The CUPA reported a total of 6910 facilities and 4542 inventory submittals for FY 2014/2015. OSFM and Cal OES each reviewed CERS and their findings are as follows:

- OSFM's review of CERS shows that 3463 out of 7462 facilities have a current inventory (12 month period).
- Cal OES' review of CERS shows 4074 inventories submitted within the last 13 months (allowing for a 30 day grace period). Of the 7462 records in CERS, 3386 of them have never had a submittal at all, and 436 submittals are more than 13 months old.

In the last update response, OSFM requested an updated list of facilities to confirm the CUPA's findings. The CUPA did not provide an updated list of facilities that have not complied with inventory submittals, and based on CERS review OSFM cannot confirm the CUPA's reported numbers. With the next quarterly update, please report on the progress of implementing your Annual Inventory Action Plan (Health & Safety Code section 25505(e)(2), was changed to 25508(a)(1)(B) in 2013 by SB 483). If the CUPA's estimate of inventory submittals differs from CERS, please provide an updated list of facilities that have not complied with inventory submittals, and any enforcement actions taken by the CUPA to allow state evaluators to confirm the CUPA's statements.

Deficiency Progress Update 3:

On September 21, 2015, CalEPA responded to the LAFD-CUPA's second deficiency progress update. The action plan (Attachment 5) was approved by the evaluation team and noted in their response.

After further review of the submitted action plan, the LAFD has determined to deviate from the original plan in order to expedite and efficiently bring the regulated businesses into compliance with Health & Safety Code, Section 25508(a)(1)(B).

In collaboration with CERS and the LAFD CUPA Management Information Systems (MIS) it was determined that 2663 facilities have complied with Section 25508(a)(1)(B) during March 30 through September 30, 2015, and have submitted their Annual Hazardous Materials Inventory into CERS. It has also been determined that 4,061 facilities have not complied with their submittal of their business information and Hazardous Materials Inventory. The queries were conducted in CERS and validated through our MIS department for accuracy.

In order to inform the regulated community to be in compliance with Section 25508(a)(1)(B) and consistent with the Unified Program requirements, the LAFD CUPA will take the following actions:

1. Identify all active facilities that have not submitted their Annual Hazardous Materials Inventory into CERS;
NOTE: CUPA is still in a process of identifying those facilities. The validated list will be provided to the Cal/EPA by November 30, 2015.
2. By November 30, 2015, the LAFD CUPA will mail a "CERS Reporting Delinquent Notice" informing **ALL** regulated businesses that their Annual Hazardous Materials Inventory is overdue and that is due by March 30, every year (Attachment J);
 - a) The letter will be bar-coded and identified on its return which facilities have and have not complied
 - b) A FORTHWITH letter will follow to those businesses that did not comply with LAFD CUPA's directive.
3. The LAFD CUPA's website will be updated with information for the regulated community on how and when they need to submit their Annually Hazardous Material Inventory;
4. Link to CERS and other training materials will be provided to assist the public with their CERS compliance;
5. During the routine inspection, with the inspection report the businesses will be reminded that every year by March 30, they need to update their Annual Hazardous Materials Inventory;
6. Quarterly reports will be generated by management in order to manage this program efficiently and identify those businesses that are not compliant.

Evaluation Team Response:

The CUPA remains in the process of correcting this deficiency.

The CUPA's new action plan to achieve compliance will provide more information and outreach to the public and regulated community, but unlike the action plan submitted with Update 2, does not account for taking a graduated series of enforcement for non-compliance. On November 20, 2015, the CUPA provided supplemental update that included a list of facilities to whom the "CERS Reporting Delinquent Notice" was sent as well as a copy of the Delinquent Notice.

With the third update report, the CUPA reported 2663 facilities out of 6724 facilities that have reported inventory within the last 6 months (March 30 through September 30). On Friday, November 20, 2015, the CUPA updated their findings and stated "that as of a November 2, 2015 4769 active facilities have not complied with their annual submittal of Hazardous Waste Inventory."

OSFM's review of CERS shows that 3692 out of 7643 facilities have a current inventory within the past year.

As of November 4, 2015, Cal OES observed that 3,750 facilities had up to date inventories in CERS. This facility count allowed for a 30-day grace period.

With the next quarterly update, please report on the CUPA's progress towards correcting this deficiency, including the number of facilities that have complied with the delinquent notice, and list of facilities that will receive a FORTHWITH letter. Please update the new proposed action plan to include steps for pursuing further enforcement actions for facilities that do not comply with the FORTHWITH letter.

Deficiency Progress Update 4:

Clarification: On Status Report 3, the LAFD CUPA indicated that a delinquent letter would be mailed on November 30, 2015 but due to a lengthy internal mailing process our delinquent letter was not mailed out until the end of December, 2015. Also the bar-code was not added to the letter as stated on the status report 3. Instead the LAFD CUPA is running periodic queries to determine which facilities have not complied with the Forthwith letter.

The evaluation team has requested for the CUPA to develop steps to follow up on the FORTHWITH letter on how to address those facilities that have not complied with the CUPA's directive. Due to the large number of businesses who are out of compliance the LAFD CUPA will hold off on the action plan until the FORTHWITH letter grace period is over. At that time it will be determined how many businesses are out of compliance.

1. The HazMat inspections are prioritized by facilities that have an overdue inspection date.
2. A list of businesses that are out of compliance with CERS will be given to the HazMat inspectors to prioritize along with the overdue inspections.
3. Violations will be issued during a HazMat inspection if the business has not submitted its HazMat inventory to CERS
4. Businesses that do not comply within the 30 days of the Notice of Violation (NOV), will be issued a FORTHWITH NOV. If the business does not comply with the FORTHWITH NOV within 30 days from the date issued the business will be referred to the CUPA's AEO unit.
5. The CUPA is looking into changing the City's ordinance in order to place a lien, or to assess a penalty on the businesses for minor violations, such as not submitting their HazMat inventories to CERS. However, to change the city ordinance is a lengthy process and it can take over a year to get this accomplished.

The CERS Reporting Delinquent Letter was mailed at end of December, 2015 to 4551 businesses (Table 9-1). Since the issuance of the CERS Delinquent Letter the CUPA has received approximately 100 CERS access requests per day and during the first 10 days of 2016 CERS had 275 new submittals (Table 9-2). The CUPA will continue to monitor the progress made on this deficiency and at the end of the delinquent letter grace period the CUPA will reassess this deficiency and determine the adequate method to handle facilities that have not complied with Health & Safety Code, Section 25508(a)(1)(B).

Please see "Attachment 9".

Evaluation Team Response:

Correction of this deficiency is a work in progress.

Since the last update, the CUPA has sent out the delinquent notice. A review of CERS shows that 4151/7729 (54%) of all HMBP facilities have a current inventory. With the next quarterly update, please report on the CUPA's progress toward correcting this deficiency per the CUPA's action plan. Include the number of facilities that have complied and the number of facilities that remain out of compliance. For the non-compliant facilities, specify the enforcement actions initiated or taken by the CUPA pursuant to the CUPA's action plan as well as its Inspection and Enforcement Plan. For example, identify the number of non-compliant facilities that will receive (or have received) a FORTHWITH NOV letter, or will be (or have been) referred to the AEO unit for formal enforcement. Recall that a business that repeatedly fails to submit or update their business plan in CERS is no longer considered a minor violation as defined in Health and Safety Code Section 25404(a)(3) and pursuant to the CUPA's Inspection and Enforcement Plan. In addition to an AEO, the CUPA has other enforcement options outlined in their Inspection and Enforcement Plan, such as facility closure and tax registration certificate revocation, if the CUPA cannot change the City Ordinance to place a lien on the non-compliant business. Also, the CUPA already has the authority to assess or impose a penalty on a business that fails to comply with the hazardous materials business plan program after reasonable notice of violation (refer to Health and Safety Code Sections 25404.1.1(a)(4), 25404.1.2(b), 25508(a)(3), 25515.1, and 25515.2).

Deficiency Progress Update 5:

According to our records in Envision Connect we have 7044 active HMBP facility records. The report generated from CERS shows an inventory submittal of 5239. This review of CERS shows that 5239/7044 (74%) of all HMBP facilities have a current inventory. The CUPA acknowledges this number is only an estimate as it is hard to gauge, based on available data in CERS, an accurate compliance rate in CERS compared to our facility inventory in Envision Connect. The number of facilities that remain out of compliance is 2490. The new CUPA manager has reviewed the previous action plan and has reorganized the plan as follows:

1. Add six additional temporary staff to visit active HMBP facilities in districts where it is know most of the facilities have not submitted inventory disclosures in CERS. This action was implemented in the first week of April and to date over 450 sites have been visited in three weeks with directions on how to login and submit inventory disclosures. The goal is to continue with this initiative for an additional six weeks.
2. Existing Hazmat inspectors have been redirected to increase their inspection efforts at Hazmat facilities
3. It is not practical nor does the CUPA have the resources to refer 2490 noncompliant facilities to the enforcement unit to be processed through the AEO process. The AEO process in LAFD CUPA requires the business to attend a hearing with two to three CUPA staff and there is a lot of preparation involved in the hearing. The CUPA does not have the resources for this type of mass action. The CUPA is working with legal to possibly implement an existing but unused penalty which will be a more efficient method for gaining compliance. This would also provide a mechanism for an equitable progressive enforcement process where all noncompliant sites could be processed efficiently.
4. The CUPA had delayed mailing out a forthwith NOV to facilities that had not responded to the delinquent letter pending arrival of the new CUPA Manager. The Forthwith NOV will be sent out within the next 21 days.
5. For sites that have not responded within 30 days to the Forthwith NOV the CUPA will continue with the progressive enforcement measures per the Inspection and Enforcement Plan and begin AEO hearings at a rate that can be managed with CUPA resources available at the time.
6. The CUPA will be working with the Fire Marshal to implement a penalty to address late HMBP submittals which is ultimately the most efficient method for dealing with 7044 facilities on an annual basis. Combined with the penalty the CUPA Manager is also pursuing a lien to ensure penalties are effective. As previously mentioned this is a long process in the City to establish this initiative but it's worth the effort and time for the benefit it will provide to the program.

The CUPA acknowledges this deficiency is a work in progress and is fully committed to resolving this deficiency and working towards a goal of full compliance with our regulated facilities. As noted above, progressive enforcement will be implemented per our Inspection and Enforcement Plan while pursuing a customized late fee and lien process.

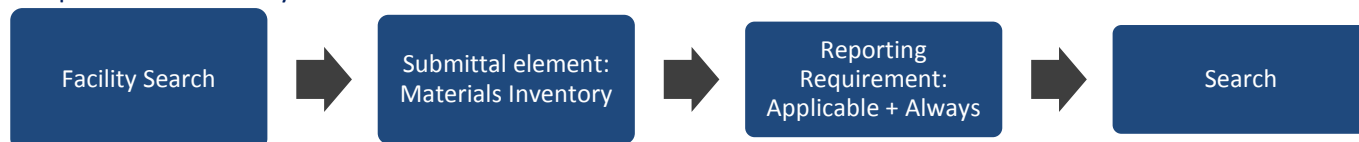
Evaluation Team Response:

Correction of this deficiency is a work in progress.

With a large number of facilities, it is a tremendous undertaking to implement electronic reporting consistently. The evaluation team acknowledges the CUPA's efforts towards ensuring businesses submit all components of their hazardous materials business plans as required annually. Training and in person outreach to ensure CERS accounts are activated and that submittal requirements are understood have had a positive outcome for many CUPAs across the state as they have begun to implement electronic reporting. Please include a narrative describing the effectiveness of personalized outreach on a large scale.

At present, it is difficult for the evaluation team to confirm the number of total business plan facilities due to the discrepancy between Envision Connect and CERS. Since the discrepancy is only 832 out of 7863 facilities (11%), the total number of facilities from Envision Connect will be used for compliance calculations in this response. Please ensure that the CUPA's process for identifying non-regulated facilities in CERS is implemented consistently. It has been more than a year since the CUPA ended its use of a local portal for business submittals, therefore the number of facilities with current business plans will be based on numbers derived from CERS.

A query of HMBP facilities from CERS shows that 5187 facilities have electronically submitted an inventory at some point; however, inventory information is required to be submitted annually. Currently, CERS shows 4409 facilities with an up-to-date inventory. The search method in which OSFM used to retrieve data from CERS is shown below.



2635 of 7044 businesses (37%) remain out of compliance with the annual submittal requirement, and 26% of active facilities have never submitted an electronic inventory. With such a large number of non-compliant facilities and limited staff to conduct enforcement through an AEO process, the CUPA's move to apply a penalty as a more efficiency means of enforcement is innovative. In addition, the CUPA indicated that they have started the AEO process for one HMBP facility that has failed to submit information into CERS after several notices. Please continue efforts to ensure that inventories are annually submitted.

On the next update, provide a narrative update of the CUPA's progress toward correcting this deficiency including a list of facilities that have received the forthwith NOV letter, the effectiveness of using temporary staff to provide outreach services to HMBP facilities, increasing inspection efforts, application of the penalty, and any other enforcement actions initiated for non-compliance.

Deficiency Progress Update 6:

LAFD CUPA has been working diligently on initiatives to increase the HMBP submittal rates in CERS. We have also reached out to larger CUPA's to solicit ideas that have worked and produced significant results. Since PIA Update #5 we have completed the following initiatives:

1. We believe one of the more effective methods in bringing about compliance was to visit the facilities with LAFD personnel. During the visits we conducted an inspection, educated facility representatives on the purpose of the program, explained CERS, handed out literature on how to submit in CERS and issued violations for failure to submit or deficient submittals. Between the dates of 4/1/2016 and 7/20/2016 we completed 2548 HMBP inspections. To achieve these kind of results we brought in multiple groups of people including Data Management Unit staff, Management Information System Staff, Inspectors and Interns with varying tasks to support the inspectors. Between these staff we were able to create inspection packets which included current CERS submittal information for the facility, CERS and HMBP self-help literature and facility permit status information. We organized the inspection routes of the inspectors and gave them the inspection packets they were to complete for the day. For the most part the inspectors were able to arrive at a location and then walk the block while performing the inspection. Inspections were then entered the following day and the report mailed out to the facility within 24 hours.

2. This week we sent out Notice of Violation's (attached) to 1989 facilities giving them 30 days to comply or face progressive enforcement either through the City Attorney's Office or through the AEO process. We identified these sites in CERS as never having submitted and then matched them to active records in Envision Connect so that we would be assured the facility does have hazardous materials above threshold quantities. We are expecting a significant increase in CERS submittals from the mass mail out. A copy of the spreadsheet identifying all facilities that received the NOV Notice was forwarded onto CalOES as requested in the most recent PIA State Response.
3. We started the Administrative Enforcement Order and City Attorney Hearing process for sites that had not submitted or were deficient in their CERS submittals. In this last reporting period we completed 9 City Attorney hearings and 3 AEO's for facilities with HMBP submittal deficiencies. This is a resource intensive procedure but it does help get the word out to the regulated community and it also meets our progressive enforcement commitments made in previous PIA updates.
4. Mass City Attorney Hearings - The City Attorney has agreed to do mass hearings as a warning to businesses that are deficient in their HMBP submittals in CERS. LAFD will wait for the 30 days to pass on the mass NOV's that went out this week and then we will select a smaller pilot group of autorepair facilities to conduct the hearing. The plan is to allow the City Attorney time to address the groups deficiencies and provide direction on how to come into compliance and then we will have staff give a presentation on how to submit in CERS.

From the inspections we conducted we saw an increase in CERS submittals to 72%. The NOV letter going out this week is likely to push that to over 80%. The mass hearings may result in another 8-10%. LAFD CUPA is working hard to resolve this deficiency, we have pulled on every resource we could find, we were actively following up on commitments made in past updates, reaching out to our CUPA neighbors for ideas and trying what made sense to us. We have come a long way and I believe the results of our efforts speak for themselves. Given the solid results of our efforts and our plans to increase CERS participation I am requesting this deficiency be considered corrected.

Evaluation Team Response:

The CUPA has performed extraordinarily well towards addressing this deficiency. Highly effective enforcement actions have significantly increased compliance with respect to annual CERS inventory submittals.

The evaluation team's review of CERS shows 4796 (69%) of 6999 active facilities in the CUPA's database have a current inventory submittal. This is a 6% increase since the last update. The CUPA should continue to reconcile the difference in active business plan facilities between CERS and the local database. The evaluation team acknowledges and appreciates that the CUPA has used a great amount of resources to conduct outreach, educate, and inspect business facilities to obtain compliance with inventory submittals. The increased inspections, NOV letters, implementation of the AEO process, and City Attorney hearings are all effective methods to bring facilities into compliance with annual HMBP submittals.

The CUPA has made tremendous progress, however this deficiency remains pending due to the original corrective action of achieving 90% current annual submittals. In each of the last two (2) update reports, the CUPA's efforts have increased business plan reporting by 9% and 6%. If the CUPA maintains an average 7.5% increase of business plan submittals per quarter, the evaluation team has high expectations that the CUPA will successfully correct this deficiency within the next four (4) quarterly updates.

In the next update, please provide a narrative update of the CUPA's progress toward correcting this deficiency including updating the compliance status of the list of facilities that have received the NOV letter, the effectiveness of the mass City Attorney hearings, and any other enforcement actions initiated for non-compliance.

Deficiency Progress Update7:

LAFD CUPA sent an NOV and issued violations to an additional 1989 facilities during the reporting period. The mailer generated 582 CERS submittals. Due to duplication of businesses in CERS and other issues, the CUPA is unable to utilize the CERS data. In order to improve the accuracy we downloaded business submittals in CERS and compared the CERS ID's against the CERS ID's in Envision Connect to identify how many facilities have not submitted in CERS. Currently we have an inventory of 6901 active facilities in the HMBEP program, the comparison showed 1407 facilities have not submitted in CERS. The compliance rate is 80% which is a significant improvement from last quarter. This quarter we held nine administrative enforcement hearings and issued penalties to businesses without complete CERS submittals. We had hoped to have more hearings however the enforcement staff were working on a large multijurisdictional case for three weeks and then attended Western States training in San Diego covering environmental investigation training. We also decided against a mass hearing with the City's Attorney's office due to the resources required and instead conducted hearings with five facilities. We are continuing with the process of passing a local ordinance to penalize facilities for late submittals. We are also reestablishing the CERS workshops to assist facilities with their submittals. We have conducted 3845 HMBEP inspections this past year which is large increase from the previous year of 1379 inspections. This increase in inspections also puts us directly in touch with our facilities which have greatly assisted the submittal rate in CERS. Lastly, we just trained inspectors on how to issue CERS credentials in the field so that there is no delay for the business to have access in CERS. This also helps inspectors as they are also able to help the business complete the submittal during the inspection where it is appropriate.

Evaluation Team Response:

This deficiency will be carried over into the CUPA's next evaluation in 2017. The CUPA is encouraged to continue efforts to ensure that complete HMBPs are submitted annually, including appropriate enforcement action against non-compliant facilities. The CUPA should also reconcile the difference in total facility count in CERS and the CUPA's database. A review of CERS shows that 2823 (35%) of 8019 facilities do not have a current inventory. Of those, 2014 (25%) have never made a submittal. If facilities are inactive or not required to submit an HMBP, they should be marked accordingly in CERS. Since the CUPA no longer uses a local portal, the CUPA should correct the discrepancy between the CUPA's database (6901 active facilities) and CERS (8019 applicable facilities).

10.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	<p>The CUPA's PA, the Los Angeles County Fire Department, is not meeting either its scheduled inspection frequency for the Resource Conservation and Recovery Act (RCRA) large quantity generators (LQGs), and small quantity generators (SQGs) as outlined in the CUPA's I & E Plan or the statutorily mandated frequency for the tiered permitting (TP) program.</p>	<p>By January 23, 2016 the PA will have inspected all hazardous waste generators (HWG) that have not been inspected in the past three years.</p> <p>In the first progress report, provide an update on the total number of HWG facilities that need to be inspected and the total number HWG facilities inspected to date (3 prior months). In addition, please provide a list of facilities overdue for inspection with the progress report.</p> <p>Please also submit in the subsequent quarterly progress reports to CalEPA an update on the number of RCRA LQG and TP facilities, and SQGs inspected and the total number HWG facilities inspected to date (3 prior months).</p>

<p>Prior to the evaluation, DTSC requested a list of all hazardous waste generator (HWG) facilities that had not been inspected within the last 3 years. During the evaluation, on July 30, 2014, the PA provided two additional lists for DTSC's review and for selection of hazardous waste generator oversight inspections. One list of 18 (12 LQGs and/ 6 TP facilities) and a second list of 905 SQGs. These lists indicated that these 923 facilities had not been inspected within the last three years.</p> <p>TP/RCRA LQG:</p> <ul style="list-style-type: none"> • Three out of six TP facilities had not been inspected in over four years. • One out of 12 RCRA LQGs had not been inspected in over six years. • Four out of 12 RCRA LQGs had not been inspected in over four years. <p>SQGs:</p> <ul style="list-style-type: none"> • Two out of 905 had not been inspected in over six years. • 108 out of 905 had not been inspected in over five years. • 313 out of 905 had not been inspected in over four years. <p>Of the thirty four active files reviewed by DTSC, five of the facilities were not inspected in the last three years.</p> <ul style="list-style-type: none"> • Story Building located at 610 S. Broadway #714, Los Angeles, was last inspected on 6/1/11. • Andrews International located at 455 N. Moss St., Valencia, was last inspected on 9/23/10. • SOS Petro/ Vic's Auto Repair located at 6621 Foothill Blvd., Tujunga, was last inspected on 7/8/10. • LA County Public Works located 809 Big Tujunga Canyon Rd., Tujunga was last inspected on 1/9/10. • National Diamond Laboratory located at 4650 Alger St. Los Angeles, was last inspected on 3/2/10. 	<p>The CUPA will continue to provide quarterly updates of its progress towards ensuring the PA meets its inspection frequency for HWG facilities until this deficiency is corrected. CalEPA and/or DTSC may require copies of inspection reports, or an in-person review of the CUPA's records prior determining this deficiency corrected.</p>
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Deficiency Progress Update 1:

The PA has been addressing the overdue inspection issue for several years as a normal part of their operational review. Due to significant numbers of retirements over the past several years and the time necessary to develop exams and fill those positions, as well as staff off for extended periods, the PA has seen an increase in the number of overdue inspections. In addition to inspection mandates, over the past four years, the PA has and continues to face the daunting task of implementing the California Electronic Reporting System (CERS) and associated requirements, including the use of an electronic Field Inspection System (FIS). This FIS required changes in work procedures and protocols, violation identification and documentation, and supervisorial review. CERS requires CUPAs and regulated businesses to submit required program element information/reports electronically via the Internet. As a result of this mandate, inspectors have had to devote additional time and effort in assisting regulated businesses with compliance, especially for the approximately 17,587 regulated facilities outside of the City of Los Angeles, which impacted their productivity. As expected, implementation of the FIS reduced productivity as inspectors learned and became comfortable with new field equipment, protocols, and workflows. Finally, after exhaustive review, multiple errors have been identified in previous inspection data tracked by the PA and corrections made to ensure accurate identification of overdue facilities and inspection counts.

The PA currently has 1,334 HWG facilities due for inspection in the City of Los Angeles. Among these facilities, 14 tiered permitting (TP) and 17 RCRA-LQG facilities are overdue as of January 1, 2015. There are a total of 6,046 HWG facilities, which include 118 RCRA-LQG and 164 TP facilities. Between the dates of August 1, 2014, through March 26, 2015, 867 routine inspections were conducted at RCRA-LQG facilities, 33 inspections at TP facilities and 814 inspections at SQG/LQG facilities. A current list of the 1,334 facility programs that are overdue for inspection has been provided as requested.

	Total facilities	Due for Inspection as of 1/1/2015	Inspections conducted from 8/1/2014 through 3/26/2015
Total HWG	6046	1334	867
SQG/LQG	5928	1303	814
RCRA-LQG	118	17	20
TP	164	14	33

The PA's plan to ensure that hazardous waste facilities are inspected at least once every three years includes the following elements and considerations:

- The PA will continue to hire new staff as soon as possible as allowed by County practices and requirements. The PA just completed training of seven new inspectors this month (13 last year) and anticipates losing as many as 15 inspectors next year due to retirements. The training of new staff which involves an eight week hazardous materials specialist "academy" (followed by close field mentoring), also adds to a decrease in staff productivity.
- The PA recognizes that with full staffing, it can and will meet all inspection mandates. However, when staff vacancies create a backlog of overdue inspections, "catching up" while new "overdues" are continually created presents a significant challenge. The PA has had several efforts looking at streamlining inspection activities, efficiencies in inspection processes, reassigning inspection type activities to other staff on a permanent basis, such as emergency operations staff when not "on duty", and temporarily assigning inspection activity to other PA staff.

- The PA also has had several major efforts to identify unpermitted facilities as indicated (“no previous activity”) in the attached list of overdue facilities. While these efforts are necessary and “level the playing field” for the permitted facilities, it does add to the backlog of overdue inspections.
- The PA has reviewed and updated its monthly monitoring of inspections to ensure businesses are inspected once every three years.
- The PA has developed a monitoring and implementation plan to ensure that all high risk facilities are given inspection priority. For example, facilities which pose a lower risk, such as fire stations and cell sites, would be inspected at a later date.
- The PA is also exploring other options to address inspections of low-risk facilities as this program element has no statutory inspection frequency.
- The PA has developed a monitoring and implementation plan to ensure the oldest of the “overdues” especially high risk facilities, are given priority.

There were a couple of errors that were noted in the summary by DTSC using the lists provided by the PA during the evaluation. They are as follows:

TP/RCRA LQG:

- One out of 12 RCRA LQGs had not been inspected in over six years.
This summary should have stated that one out of seven recyclers had not been inspected in over six years. There were no RCRA LQGs that had not been inspected in over six years on the provided list.
- Four out of 12 RCRA LQGS had not been inspected in over four years.
This summary should have stated that tow out of eight RCRA LQGs and three out of seven recyclers had not been inspected in over four years.

The five facilities noted form the file review that had not been inspected within the last three years were all inspected during the month of March 2015. These inspection reports can be provided upon request. One of the facilities on the list, Andrews International, is located in Burbank, which is not in the jurisdiction of the City of Los Angeles.

PA is to submit quarterly reports to the CUPA on the progress of HWG inspections, including a list of facilities with overdue inspections.

Attachment 6 contains list of facilities with overdue inspections.

Evaluation Team Response:

CalEPA

The PA’s response to this deficiency highlights additional areas of concern regarding the implementation of the hazardous waste generator program within the City of Los Angeles. The CUPA states that the low inspection frequency is due to lack of staffing, increased responsibilities, and additional needs to assist facilities outside of the City of Los Angeles. First, the PA should not be diverting resources dedicated to the implementation of the LA City Fire Department’s hazardous waste program to compensate for implementation of other programs implemented by LA County Fire Department CUPA. The PA must be able to give a separate accounting of its CUPA and PA programs. The PA must be able to differentiate between the cost incurred for implementing programs in differing jurisdictions in order to work with its CUPAs to ensure single fee and fee accountability programs for each CUPA allow the PA to recover the necessary and reasonable costs of program implementation with a specific jurisdiction.

Secondly, the burden of hiring new/additional staff and implementing new statutory requirements such as electronic reporting is part of the necessary and reasonable costs of implementing the Unified Program. As a CUPA and PA, the LA County Fire Department must ensure that it has adequate resources to implement the Unified Program in all of its jurisdictions.

CalEPA will continue to monitor the PA's progress toward meeting the hazardous waste generator inspection frequencies in the context of the annual review of the CUPA's fee accountability and inspection and enforcement plan review.

DTSC

The CUPA, in response to the corrective action, provided an update on the total number of HWG facilities that needed to be inspected and the total number HWG facilities inspected to date (3 prior months). In addition, the CUPA provided a 26 page list of approximately 1350 facilities of overdue inspections with their progress report.

The CUPA will continue to provide quarterly updates of its progress towards ensuring the PA meets its inspection frequency for HWG facilities until this deficiency is corrected. By January 23, 2016 the PA will have inspected all hazardous waste generators (HWG) that have not been inspected in the past three years as stated in the original Summary of Findings.

Deficiency Progress Update 2:

1. PA is to submit quarterly reports to the CUPA on the progress of HWG inspections, including a list of facilities with overdue inspections (see Attachment 8).
2. The Fee Accountability Program (See Attachment 9) encompasses LA County Fire Department (LACoFD) as a CUPA and as a PA to the LA City. At no time did LACoFD divert staff/resources dedicated to hazardous waste facilities in the City of Los Angeles to compensate for the implementation of other programs. The citation of 17,587 regulated facilities outside the City of Los Angeles was included in Progress Update 1 solely to quantify the volume of facilities covered by LACoFD as a CUPA and PA (17,587 + 6,046 in LA City). Any reduction in service resulting from the issues cited in Progress Update 1 affected productivity across all programs implemented by LACoFD. The LACoFD's staff resources as a PA to LA City match the percentage of the LACoFD's regulated generators in LA City. Thirty three percent of the Department's regulated generators are located within LA City. (Please see the attached PA's Financial Statement for Fiscal Year 2013-2014). Between the dates of April 1, 2015 through June 30, 2015, 408 routine inspections were conducted at SQG, LQG, RCRA-LQG, and TP facilities. Specifically, 13 inspections were conducted at RCRA-LQG facilities, 17 inspections at TP facilities and 378 inspections at SQG/LQG facilities. A table detailing the current quarterly figures for inspections conducted in the City of Los Angeles is shown below.

	Inspections Conducted from 4/1/2015 through 6/30/2015
Total HWG	408
SQG/LQG	378
RCRA-LQG	13
TP	17

3. The PA is ramping up its productivity by expanding its inspection schedule over a 4-month period. Inspectors assigned in LA City will work additional days to address the overdue inspections. Based on this Page 4 LA County Participating Agency Deficiency Progress Report LA City Performance Review plan, we will inspect all hazardous waste generators that have not been inspected in the past three years by January 23, 2016.

Evaluation Team Response:

The CUPA provided a letter in Attachment 8, requesting a list of facilities from its PA. In addition the CUPA provided a quarterly update that shows the number of facilities inspected. The CUPA will continue to provide quarterly updates to CalEPA until the CUPA meets their mandated inspection frequencies.

Deficiency Progress Update 3:

List of Inspected Facilities is included in Attachment D (1,519); List of Overdue Inspections is included in Attachment E.

Evaluation Team Response:

The LA County Fire Department PA has increased their inspection frequencies significantly in the past three months. The PA has conducted 1,519 inspections within a 3-month period. The number of overdue facilities has been reduced to 220 facilities. This is a significant reduction from the number overdue facilities documented in the previous updates. The PA is on the right track to correct this deficiency.

Please continue to provide quarterly progress updates to CalEPA until the CUPA and PA can demonstrate the HWG inspection frequencies are met.

Deficiency Progress Update 4:

The PA currently has 6,186 permitted programs in LA City CUPA's jurisdiction. These programs include SQGs, RCRA LQGs, and tiered permit programs. The PA has conducted 1,236 inspections within a 3-month period (October-December 2015). As of 1/19/16, the PA has only 55 programs that are due for inspection. This is less than 1% of the total inventory with the majority being fire stations. The latter are facilities that have had access issues, or that have just become overdue.

Please see "Attachment 10" for the 'List of Inspected Facilities' (Attachment 10-A) and 'List of Overdue Inspections' (Attachment 10-B).

Evaluation Team Response:

The correction of this deficiency is a work in progress.

The LA County Fire Department PA has conducted 1,236 inspections within a 3-month period. The number of overdue facilities has been reduced to 55 facilities as of 1/19/2016. The PA is on the right track to correct this deficiency. In addition to overdue inspections, the PA needs to maintain inspection frequencies for the HWG and TP program on an going basis.

The CUPA will continue to provide quarterly updates to CalEPA until the CUPA meets their inspection frequencies.

Deficiency Progress Update 5:

The PA conducted 218 inspections during the first quarter of 2016 (January – March). The majority of the PA's 55 overdue inspections that were noted in Deficiency Progress Update 4 were completed with the exception of two facilities and 10 fire stations. Numerous attempts were made but the PA was unable to access these facilities due to either the business was not open during normal working hours or the fire station was responding to an emergency call. The PA is coordinating with the CUPA to assist with the access issue on the fire station inspections. The PA anticipates completion of the remaining sites within two weeks.

This deficiency should be considered as corrected since out of 6,186 permitted programs, the PA has a 99.8% completion rate of its triennial inspections and only 12 programs are due for inspection which is 0.2% of the inventory (See revised Attachment 10-B). The PA will continue to monitor and perform inspections to meet its inspection frequency with HWG facilities.

Evaluation Team Response:

With only 12 HWG facilities overdue for inspections, DTSC considers this deficiency corrected.

Deficiency Progress Update 6: N/A

Evaluation Team Response: No update required. This deficiency has been corrected.

11.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	The CUPA is not certifying every three years that it has conducted a complete review of its Area Plan. The last revision is dated February 2009	<p>The CUPA has received a grant to revise this Area Plan the term of the grant is November 1, 2014 – September 30, 2015.</p> <p>By September 30, 2015, the CUPA shall submit a certified copy of the Area Plan Revision to CalEPA and Cal OES for review.</p>

Deficiency Progress Update 1:

Activities to date: Collection of associated City and regional plans, documents, and policies including GIS mapping, as well as data on 5-year hazardous materials incident history.
Consultant's review of these documents.

Evaluation Team Response:

Thank you for providing an update describing the progress the CUPA staff have made toward completing the corrective action. Although the completion date of the corrective action is September of this year please continue to provide progress updates with each quarterly report.

Deficiency Progress Update 2:

Consultant has completed a review of LAFD Emergency Plan and LAFD Continuity of Operations Plan and identified the elements to be included in revised Area Plan.
Consultant has completed approximately 50% of review of pesticide drift resources and data from LA County Agricultural Commissioner's Department.

Evaluation Team Response:

The update on your progress is greatly appreciated. Please submit a copy of the area plan with the next quarterly update.

Deficiency Progress Update 3:

Grant period was extended by vendor request, with CalOES approval, through November 15, 2015, due to unforeseen circumstances delaying the project completion. CUPA last contacted the consultant on October 7, 2015, requesting project status update.

Evaluation Team Response:

As of November 5, 2015, the grant period extension has not yet been reached. With the next quarterly update, please update the project's status, and if complete, submit a copy of the area plan.

Deficiency Progress Update 4:

Vendor, ESCI, was not able to complete the project by November 15, 2015. LAFD has submitted the Amendment form in December to deobligate the State's unspent funds.

Actions for CUPA:

1. Need to identify firms that are capable of preparing an area plan and develop RFP; or prepare the Area Plan in-house. These options are under evaluation by management.
2. Recover funds from ESCI: The amount in question limits legal action to Small Claims Court (SCC), the City Attorney cannot represent the City in SCC. They can assist in completion of forms, but a civilian from LAFD would need to represent the case. Grant Management Division is evaluating this possible course of action.

Evaluation Team Response:

The correction of this deficiency remains a work in progress.

This deficiency remains uncorrected until a completed Area Plan revision is submitted. Please, provide revision progress updates within your quarterly reports.

Deficiency Progress Update 5:

LAFD CUPA has received an estimate from TAIT, a local environmental consulting firm to complete the Area Plan. The estimate has been submitted to our contracts personnel and funding is available. We expect to have an executed contract in the last week of April. The following is the process for executing a contract within the City of LA:

1. A contract must be prepared,
2. Reviewed as to form by City Attorney,
3. Engage Contractor to complete City Contracting Requirements,
4. Complete the 1022 process,
5. Obtain a ED-3 review approval; and
6. Execute the Agreement between the parties

The Fire Marshal has issued a directive to expedite the execution of the contract. The Assistant Fire Marshal has engaged support services to follow up the directive. TAIT estimate a one month turnaround to complete the plan after the contract is executed.

Evaluation Team Response:

The correction of this deficiency remains a work in progress.

CalOES acknowledges the Fire Marshal's directive to expedite contract execution for Area Plan development. Please, continue efforts towards this document's completion and provide further details in the next progress report. CalOES is available for supportive assistance. Please, forward a final electronic version to CalOES within (14) days of completion in accordance with HSC chapter 6.95, section 25503(d)(2). Currently, this deficiency remains uncorrected.

Deficiency Progress Update 6:

The Area Plan contract was expedited with TAIT Environmental and the Area Plan revision completed on 7/20/2016. A final electronic copy of the 2016 LAFD Area Plan was provided to CalOES for their review. LAFD CUPA request this deficiency now be considered corrected.

Evaluation Team Response:

Cal OES has reviewed the 2016 Area Plan revisions, and considers this deficiency corrected.

Deficiency Progress Update 7: N/A

Evaluation Team Response: No update required. This deficiency has been corrected.

12.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	<p>The CUPA is not inspecting all of the Aboveground Petroleum Storage (APSA) tank facilities, which store 10,000 gallons or more of petroleum, at least once every three years.</p> <p>Twenty-two (22) out of 207 APSA regulated facilities have been inspected in the last three years.</p>	<p>The CUPA will prepare and implement an action plan to address this deficiency. The CUPA is encouraged to prioritize its inspections based on the level of risk posed by each tank facility. The action plan will be submitted with the April 23, 2015 update.</p> <p>By April 23, 2015, the CUPA will submit a status of the CUPA's activities to correct this deficiency, including a list of the tank facilities and the dates the facilities were inspected. The CUPA will also send copies of 10 completed reports from recently inspected APSA facilities to CalEPA.</p> <p>The CUPA will continue to provide quarterly updates of its progress towards meeting its inspection frequency for APSA facilities until this deficiency is corrected. The deficiency will be considered corrected when at least 90 percent of the facilities have been inspected within three years.</p> <p>CalEPA and/or the OSFM may require copies of inspection reports, or an in-person review of the CUPA's records prior determining this deficiency corrected.</p>

Deficiency Progress Update 1:

The Los Angeles City Fire Department CUPA has identified 134 facilities that store 10,000 gallons or greater of petroleum. The LAFD CUPA prioritized the inspection of those facilities based on risk (volume of petroleum and proximity to navigable waters). During the fourth quarter of FY 2013/2014 28 AST facilities were inspected.

The LAFD CUPA anticipates to have inspected over 100 facilities during the FY 2014/2015 and the remainder of the APSA facilities will be inspected during the first quarter of FY 2015/2016.

A list of APSA facilities inspected to date together with the copies of 10 recently completed inspection reports are provide in Attachment 7.

Evaluation Team Response:

The CUPA has not complied with all of the corrective action requested.

The corrective action required that an action plan be submitted with the update. Instead, the CUPA identified the number of APSA facilities and reiterated that it will prioritize facilities based on risk.

The CUPA conducted 18 routine APSA inspections for FY 2013/2014 and 31 for the current FY 2014/2015. The CUPA needs an additional 69 APSA inspections to meet their goal of 100 inspections for FY 2014/2015. Based on the information provided by the CUPA, OSFM is concerned that the CUPA will not likely meet the goal of 100 APSA inspections by the end of FY 2014/2015.

Additionally, only eight out of the 10 requested inspection reports were included in this progress report. The inspection report for SA Recycling, CERS ID 10240816, dated 3/5/2015, was submitted three times. Please provide inspection reports from two additional APSA facilities.

With the next update, please provide the action plan required by the corrective action and a narrative update detailing the status of the plan's implementation.

Deficiency Progress Update 2:

To correct the deficiency the LAFD CUPA has developed the APSA Inspection Action Plan (Attachment 7- AST Inspection Action Plan) and has prioritized the APSA inspection by inspecting those facilities that pose the highest level of risk.

In August 2014, the LAFD CUPA prioritized the APSA Inspections by determining facilities with the largest storage capacity, assuming that the greater the storage capacity the greater the risk, and by identifying facilities next to or adjacent to navigable waters.

The attached (Attachment 7 – APSA Facilities with 10K Gallons or Greater) list identifies facilities with the highest storage capacity at the top of page 1 and the lowest at the bottom of page 6. In the 1st quarter of 2014/2015, facilities that were identified as having the highest risk were inspected and then worked towards facilities with the least storage capacity or least level of risk. The list also includes facilities inspection dates.

Initially the LAFD CUPA anticipated on conducting 100 inspections during the Fiscal Year 2014/2015, but after further review it was determine that it would be best to spread APSA inspections into a three year cycle. Table 1 illustrates the APSA facilities on a three year cycle.

Inspections per Fiscal Year
Table 1

April 2014 Facilities Identified	Inactive Facilities	2013/2014 AST Inspections	2014/2015 AST inspections	2015/2016 AST Facilities expected to be scheduled
134	3	18	55	59

These steps were taken to prioritizing the facilities and to meet our goal of 100% inspection rate by this Fiscal Year 2015/2016:

1. Identify the number of APSA facilities with 10,000-gallon or greater of petroleum. (*This was accomplished on April 2014*)
2. Identify the APSA facilities with the highest level of risk by each tank facility (*This was accomplished on August 2014*)
3. Identify those facilities next to navigable waters (*This was accomplished on August 2014*)
4. Prioritize the inspection on those facilities with the highest level of risk (*Accomplished on August 2014*)
5. Spread the facilities on a three year inspection cycle (*See above Table 1*)
6. By the Fiscal Year 2015/2016 all the APSA facilities that require inspection will have been inspected (*On Target, all ASTs with storage capacity of 10,000 or greater will be tested by 2015/2016 Fiscal Year*)

As requested attached are two APSA inspection reports for your review (Attachment 7 -AST Reports (2)).

In fiscal year 2013/2014, 18 APSA facilities were inspected. The APSA inspection rate increased to 305% in Fiscal Year 2014/2015 over the previous year. In the 4th quarter of 2014/2015 the LAFD CUPA inspected 30 APSA facilities, significantly increasing the rate of inspections. Based on inspection progress, the LAFD CUPA is well in its way to meet its target goal and have all AST facilities inspected by the end of Fiscal Year 2015/2016.

Evaluation Team Response:

The CUPA has provided a satisfactory action plan. The CUPA should follow this action plan to meet the regulatory inspection frequency for all APSA facilities that store 10,000 gallons or greater of petroleum. The CUPA also provided two more APSA inspection reports to satisfy the corrective actions. On the next progress report, please provide a narrative update of the status of the action plan implementation and an updated list of APSA facility inspections.

Deficiency Progress Update 3:

The evaluation team found the action plan satisfactory and the LAFD CUPA continues to implement the APSA program by continuing to inspect those facilities that have storage capacity of 10,000 gallons or more of petroleum base product.

Attachment I contains an updated list of APSA facilities and their inspection date. As per the action plan the LAFD CUPA continues to focus on those high risk facilities that have large storage capacity and that are adjacent to navigable waters. Facilities that are excluded, exempt or inactive from the APSA program are identified in the list.

Evaluation Team Response:

The CUPA continues to implement the CUPA's action plan. The CUPA has inspected 11 APSA facilities since the last update, and has included an updated list of APSA facilities with their inspection dates. Based on the list provided by the CUPA, there are 133 APSA facilities that store 10,000 gallons or more of petroleum. Ninety-two facilities (69.2%) have been inspected in the last three years, including 26 sites that were determined to be inactive or excluded from APSA as a result of the inspection. At least 42 facilities had yet to be inspected by the end of FY 2014/2015. If the CUPA continues to inspect at least 5 or 6 APSA facilities each month for the remainder of FY (2015/2016), then this deficiency will be corrected.

On the next progress report, please provide a narrative update of the status of implementing the action plan. Please include a statement documenting whether CUPA remains on track to meet the goal to have all remaining facilities inspected by the end of FY 2015/2016, and if the CUPA will be able to maintain the triennial inspection frequency on all APSA facilities with petroleum storage capacities with 10,000 gallons or more. Please also provide an updated list of APSA facilities that store 10,000 gallons or more of petroleum and their inspection dates.

Deficiency Progress Update 4:

The CUPA continues with the proposed action plan of inspecting all the APSA businesses by the end of FY 2015/2016. On May 2014, the CUPA identified 134 APSA businesses having storage capacity of 10,000 gallon or greater (Table 12-1). During the inspection process, businesses that did not belong or businesses excluded from the APSA program were identified and removed from the APSA inspection schedule.

Since May 2014, over 93 percent of the facilities identified in Table 12-1 have been inspected and date-of-inspection is included on Table 12-1. The CUPA anticipates for all the APSA inspections to be completed by the end of the 3rd quarter of FY 2015/2016.

In less than two years the CUPA has completed over 93 percent of the APSA inspections from Table 12-1 and will have inspected all those businesses listed on Table 12-1. For the new APSA inspection cycle the list of APSA business has decreased to 104 businesses (Table 12-2). The CUPA does not foresee any problems maintaining the triennial inspections of those facilities with petroleum storage capacities of 10,000 gallons or more.

Based on the information provided the CUPA respectfully asks that this deficiency be marked as corrected.

Please see “Attachment 12” for Table 12-1 and Table 12-2.

Evaluation Team Response:

The CUPA has made significant progress towards correcting this deficiency and is on track to have this deficiency corrected by the next progress report. Table 12-2 shows that the remaining 18 (18%) of 99 active APSA facilities still need an inspection. On the next progress report, please provide an updated list of inspection dates for the remaining 18 APSA facilities that store 10,000 gallons or more of petroleum.

Deficiency Progress Update 5:

Over the last reporting quarter the CUPA completed 16 APSA inspections at sites where the aggregate volume exceeded 10K gallons. As of 4/25/2016 there will only be 4 outstanding APSA inspections as shown below. The active inventory showing in the Envision Connect database is currently 107 sites however some of the sites are currently being inspected to determine if they are still over 10K gallons and this may impact the final number of active sites.

The remaining 4 overdue sites will be inspected within two weeks of this report. Going forward we have also distributed the >10K APSA’s at CalARP sites to the CalARP inspector to consolidate the inspections which is more efficient for the CUPA and the regulated facilities.

LIST OF OUTSTANDING APSA INSPECTIONS

FACILITY ID	RECORD ID	FACILITY NAME	CERS ID	DESCRIPTION	SITE ADDRESS	CITY	ZIP	UDF CAPACITY
FA0019079	PR0125669	VALERO WILMINGTON REFINERY	10152717	ABOVE GROUND PETROLEUM STORAGE	2402 E ANAHEIM ST	WILMINGTON	90744	153273425
FA0030506	PR0125471	TESORO REFINING AND MARKETING CO	10254127	ABOVE GROUND PETROLEUM STORAGE	2101 E PACIFIC COAST HWY	WILMINGTON	90744	50912400
FA0000785	PR0125513	LA DWP - HARBOR GENERATING STATION	10029880	ABOVE GROUND PETROLEUM STORAGE	161 N ISLAND AVE	WILMINGTON	90744	2940000
FA0003194	PR0127077	ANHEUSER-BUSCH, INC	10241605	ABOVE GROUND PETROLEUM STORAGE	15800 W ROSCOE BLVD	VAN NUYS	91406	39140

Evaluation Team Response:

OSFM considers this deficiency corrected. Over 90% of APSA facilities storing 10,000 or more of petroleum have a current inspection. Please continue to ensure that every APSA tank facility that stores 10,000 gallons or more of petroleum is inspected at least once every three years.

Also, the CalARP inspector that intends to conduct APSA compliance inspections at APSA tank facilities storing 10,000 gallons of more of petroleum must complete and pass the APSA Basic Inspector's Training before conducting an inspection.

Deficiency Progress Update 6: N/A

Evaluation Team Response: No update required. This deficiency has been corrected.

13.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	<p>The CUPA is not ensuring full access to, and the availability of, the hazardous materials business plan information to its first responders.</p> <p>The CUPA stores its business plan information in paper files, Envision data management system, and CERS. Only Envision Connect is readily available or accessible to the first responders on an annual basis. The CUPA submits a CD from Envision annually, but does not provide access or copies of hazardous materials business plan information from either the CUPA's paper file copies or CERS to its first responders.</p>	<p>By April 23, 2015, the CUPA will meet with its first responders and ensure that all business plan information from all sources (paper files, CERS, and Envision Connect) is provided to them in an agreed upon timeframe and format.</p> <p>In addition, by April 23, 2015, the CUPA will provide a status of this deficiency, including a list of agencies, the meeting date(s), and confirmation that agreement has been reached regarding the timeframe and format for providing business plan information.</p>

Deficiency Progress Update 1:

The CERS system is now capable of providing access to Emergency Response module and the lead user for LAFD has been identified. The following procedures are still in place:

- 1) Inventory information will continue to be downloaded on a disc to be uploaded onto the MFC dispatch computer.
- 2) A 2nd disc will be provided to the HazMat Team for information purposes.
- 3) There will be an on-call Inspector who will be able to access any additional information that will be needed for any hazardous material spill/release.

Evaluation Team Response:

The CUPA has not complied with all of the corrective action requested.

Although the CUPA has provided a three-tiered approach to transfer information, the CUPA has not provided the following items required in the corrective action:

- List of agencies;
- Meeting date(s);
- Confirmation that agreement has been reached regarding the timeframe and format for providing business plan information.

OSFM is pleased that the CUPA is aware and may utilize the CERS first responder module in the future; however, because complete business plan information for all facilities in the CUPA's jurisdiction is deficient on CERS, CERS may not contain the information needed by first responders. The CUPA should develop a clear alternative means to provide business plan information for those facilities without information in CERS. With the next progress report, please provide the items required under the corrective action and an update on the status of conveying full access of business plan information to first responders.

Deficiency Progress Update 2:

1. On July 1st, 2015, a meeting between Acting CUPA Manager and Battalion Chief from Homeland Security Division, Joint Hazard Assessment Team (JHAT), took place to discuss the methods of ensuring full access to, and the availability of, the hazardous materials business plan information to LAFD first responders. The CERS access was provided to JHAT members.
2. JHAT has offered to create a process to share FPB RMPs with the Haz Mat Squads but this depends on discovery of size of data and FPB future software:
 - a. Preferred procedure is remote downloading or use of 'Dropbox' exchange of data;
 - b. JHAT needs to identify future FPB software changes (to ensure alignment and software compatibility);
 - c. JHAT will only focus on CERS data transmission. The Envision Connect data and future configurations are ambiguous.
3. Further coordination from JHAT is expected in a near future leading to an agreement on the procedures of providing hazardous materials data by CUPA to LAFD first responders and the parameters of the project (downloading datasets/GIS layering).

Evaluation Team Response:

The CUPA has initiated coordination with the Battalion Chief from Homeland Security Division, JHAT to develop procedures for HMBP information sharing with LAFD fire responders. On the next progress report, provide a narrative update on the status of correcting this deficiency. Include any new meetings the CUPA has had with first responder agencies and any new procedures developed and agreed upon for HMBP information sharing.

Deficiency Progress Update 3:

Staff from CUPA, MIS, and JHAT has met (on 7/29/15 and 10/8/15) to identify the field requirements. Daily updated HMBP information will be extracted from the LAFD's internal database, EnvisionConnect, and will be accessible to LAFD First Responders via LAFD ESRI internet portal in form of GIS HazMat layer by the first quarter of 2016.

Evaluation Team Response:

The CUPA has continued to meet with JHAT to develop procedures for HMBP information sharing using their internal database, EnvisionConnect. The CUPA should continue to ensure that data from EnvisionConnect contain the most current HMBP information.

With the next progress report, please provide an update of the status adding the HazMat layer to the LAFD ESRI internet portal. Once the HazMat layer allows LAFD First Responders to retrieve HMBP information, please provide the detailed procedures that documents the steps the CUPA is taking to share HMBP information, including how the LAFD ESRI portal is accessed by first responders, what HMBP fields are shared, and how the CUPA ensures that EnvisionConnect contains the most current HMBP information. Please also provide confirmation if this format of HMBP information sharing is agreed upon by the first responders.

Deficiency Progress Update 4:

The LAFD GIS team has completed the task of adding the HazMat layer to the LAFD ESRI (ArcGIS Online) website. The site will be available to LAFD First Responders to retrieve HMBP information.

Utilizing internet enabled devices, the First Responders will be able to search by address and view the Facility Name, Facility Address, City, Zip, On-Site Manager Name, On-Site Manager Phone #, Chemical Name, Maximum Daily Amount, Physical State, and Chemical CAS code.

The initial HazMat layer was uploaded to the website on January 13, 2016. The LAFD is working on the configuration to automatically update the HMBP information monthly on ESRI (ArcGIS Online) website by the next PIA update.

A demo was presented to Captain Dragotto on January 14, 2016. It is in the process of approval to release the site to our First Responders from the Fire Marshall. Once approved, the HazMat layer and training documentation will be available to the First Responders on our LAFD Portal.

The CUPA seeks to maintain the most current HMBP Information and inspection activities of regulated facilities in our internal official database, EnvisionConnect.

See "Attachment 13" for details.

Evaluation Team Response:

OSFM acknowledges the effort the CUPA is taking to correct this deficiency. On the next update, provide a status on the progress toward correcting this deficiency, including the CUPA's ability to automatically update HMBP information on ESRI. If this format is approved as the means for HMBP sharing with first responders, provide documentation of the agreement.

Deficiency Progress Update 5:

LAFD CUPA is continuing to develop the ESRI web based first responder module containing HMBP business information provided by first responders. As in most IT based projects there are numerous glitches and the completeness of the data remains insufficient as the database relies on an export from Envision Connect and currently the only method of updating envision connect is via direct data entry by LAFD staff. This method of updating the data is not only resource intensive it also does not include recent data submitted in CERS and therefore the quality of the information is questionable. This issue will be corrected once the CUPA is able to import data from CERS directly into Envision Connect via CERS Integration Wizard (CIW). It is widely known amongst the CUPA's that CIW is unrefined and there a high risk of permanently corrupting or incorrectly altering the Envision Connect database which has other impacts on billing and HMBP data. LAFD CUPA has begun meeting twice per week to move the CERS import via CIW project along and it has been difficult at best to manage IT resources to ensure there is enough freeboard to support the inspection staff, accounting, data entry and CERS amongst other needs of the CUPA Program. For this reason the ESRI first responder module will remain an active work in progress but will not be a viable option until LAFD is able to confidently allow CERS to modify our CUPA database via CIW and then at which point there will be a need to individually accept multiple forms from over 9000 facilities one record at a time as CIW does not provide a batch process to do this. In preparation for this process we are preparing existing Data Management Unit staff to work overtime and the weekends to review and approve CERS submittals, CUPA inspectors have been working their days off to assist facilities in submitting their information into CERS and verifying the data and lastly we have brought on the first of four interns that will be assisting with CERS completeness reviews.

In order to satisfy this deficiency in a timely manner LAFD CUPA reached out to the CUPA community and oversight agencies looking for viable solutions and it seems the best method of resolving the issue is to download the data HMBP directly from CERS and provide the data to our first responders. The groundwork for this process was established last year and in the essence of time LAFD CUPA is seeking the State's approval to provide an export to the JHAT Battalion Chief and Dispatch on a monthly basis. Using this method will ensure the HMBP information on CERS is available to our emergency responders today. On the day of writing this update the HMBP export from CERS was added to an LAFD dropbox and made available to the Battalion Chief and dispatch. The procedure for ensuring the information is available is as follows:

1. On the first Monday of each month the Management Information Staff (MIS) will login to CERS and export an excel file containing the data fields per the CUPA Standard Operating Procedure 'Hazardous Materials Business Plan Data – Emergency Responder Data in Attachment B. The spreadsheet will be sorted via, City, Street Name, Street Number, Street Direction to ensure facility information is easily identifiable.
2. MIS will save the file to the dropbox on Google Drive that is openly available to any department personnel with the link and credentials
3. The existing file in the Google Drive will be written over thereby eliminating any possibility of duplication
4. The JHAT Battalion Chief will be notified of the file and update frequency via email.

The JHAT battalion Chief has also been provided access to the Emergency responder module in CERS and is aware of the functions and data available to assist emergency responders. The CUPA will schedule another training meeting with the BC or his representative within the next 30 days to go over new features and answer any questions.

Select	Jaime	Lesinski	jaime.lesinski@lacity.org	Battalion Chief, Joint Hazard Assessment Team Commander	
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LAFD CUPA being a Fire Department fully acknowledges the value of providing HMBP to first responders and is fully committed to ensuring the above process is maintained and as seamless as possible. We have also raised the importance of convenient access to the data with the CUPA Forum Board and CalEPA in terms of the State developing not only a 24/7 source of data for emergency responders but a way for CERS to allow dispatch centers across the State to import the most critical information from CERS directly into a dispatch database. This process allows the data to be viewed in the dispatch system instead of using third party vendors to develop interfaces to view the data. This is a long term project and there is support from the Board and ER Tag to pursue a universal and seamless solution for everyone.

Evaluation Team Response:

CalOES received the Standard Operating Procedures (SOP) HMBP 1A, from the CUPA Manager, outlining appropriate measures to properly provide HMBP access to responders. The Battalion Chief bases current implementation on signed approval. CalOES considers this deficiency corrected.

Deficiency Progress Update 6: N/A

Evaluation Team Response: No update required. This deficiency has been corrected.

14.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	<p>The CUPA is not adequately evaluating its Participating Agency (PA) performance to ensure that LA County Fire Department PA meets the minimum requirements described in the Unified Program Application.</p> <p>Specifically, the CUPA did not review the PA's inspection frequency, compliance with the memorandum of understanding (MOU), request fee accountability documentation, or current I & E plan during the last PA audit.</p> <p>The CUPA reviewed only seven files out of 6,183 hazardous waste generator files. The CUPA did not diversify its review to cover each type of industry.</p> <p>The CUPA did not review any tiered permitting files. Los Angeles City, as a CUPA has the most amount of tiered permitting facilities in the state.</p>	<p>In November 2014, the CUPA underwent training in the basics of the Hazardous Waste Generator/Tiered Permitting Program to prepare the CUPA for future PA performance evaluations.</p> <p>By April 23, 2015, the CUPA will evaluate the PA's performance and take into consideration requirements of implementing the hazardous waste program and the MOU. The CUPA will submit its findings, as well as a copy of the CUPA's annual self-audit to CalEPA.</p>

Deficiency Progress Update 1:

For PA Evaluation and Preliminary Findings, see Attachment 8.

Evaluation Team Responses:

The CUPA has not complied with the corrective action.

Although the CUPA has provided a PA Audit report and Annual Self Audit Report, neither document sufficiency takes into consideration requirements for implementing the hazardous waste program and MOU, nor do they address the issues described in the deficiency or the requirements of CCR Title 27. The PA evaluation that was conducted on December 16, 2014 and (telephonically) on March 19, 2015 did note that the PA (Sylmar Office) was behind on their scheduled inspection frequencies of hazardous waste generators 2 of 20 files (10%) reviewed by the CUPA had been inspected within the last three years.

CCR, Title 27 15330 (b) dictates that the CUPA shall evaluate its PA on an annual basis at the time of the self-audit pursuant to section 15280, or as necessary to maintain standards required in HSC Chapter 6.11, the statutes governing specific program elements, and specific performance standards exhibited in regulation by the Secretary or state agencies responsible for overseeing one or more of the program elements.

CCR, Title 27 Section 15280 (b) describes the self audit stating the Self audit shall assess the performance of the CUPAs and any PAs implementing standards in statute and regulations established by the Secretary or state agencies responsible for one or more of the program elements. Section 15280 (c) lists the subjects that shall be covered in the self audit report, including:

- A report of deficiencies with a plan of correction
- A narrative summary of the effectiveness of activities
- An explanation of any discrepancies on the annual and quarterly reports of program activities submitted to the secretary pursuant to Section 15290 and the Unified Program requirements for these activities.
- Annual review and update of the fee accountability program as required by Section 15220.

Section 15220 requires the CUPA and PA annually review an update the Fee accountability program.

The PA Evaluation and Self Audit Report do not discuss the PA's (or the CUPA's) deficiencies and do not provide a plan of correction for those deficiencies. The PA audit appears to be limited to file review and as in previous years does not review the PA's performance in cooperation with the CUPA including MOU requirements, or annual evaluation and revision of the CUPA's I&E plan and fee accountability programs. Lack of coordination on the I&E Plan and fee accountability program comprise an additional deficiency, which should have been noted in the CUPA's self-audit with a plan of correction.

Action Plan for the CUPA

1. Review Health and Safety Code Chapter 6.11 regarding the administration of the CUPA program and the description of what the CUPA is responsible for implementing. Conduct an in-depth review of sections that discuss coordination with participating agencies.
2. Review CCR Title 27 Sections regarding the administration of the CUPA program and the description of what the CUPA is responsible for implementing. Conduct an in depth review of sections that discuss coordination with participating agencies.
3. Work with the PA to correct deficiency 17, and establish process for ensuring that I&E and fee accountability program review occurs annually and in collaboration with the PA.
4. During the upcoming self-audit process (Report due 9/30/2015), evaluate the PA's implementation of LA City's hazardous waste program. Ensure that the PA's implementation complies with:
 - a. The necessary standards described in HSC Chapter 6.11;
 - b. Statutes governing the hazardous waste program:

c. Specific performance standards exhibited in regulation for overseeing the hazardous waste generator program element.

5. Review CCR Title 27 15280 which details items to be covered in an annual self-audit.

6. Submit copies of the FY 2014/2015 annual PA audit and CUPA self audit to Cal EPA by 10/1/2015.

Deficiency Progress Update 2:

1. In the FY 2014/15 self-audit CUPA will update the I&E Plan to include the PA's coordination.
2. In the next PA Evaluation and Self Audit Report, CUPA will provide a plan of correction for noted deficiencies, as well as annual evaluation and revision of the CUPA's I&E Plan and fee accountability programs.

Evaluation Team Response:

On Thursday, August 13, 2015, CalEPA contacted the CUPA via email and spoke with staff on the phone to ensure that the CUPA was aware of the requirements of a PA audit. The CUPA was instructed to:

- Review the PA's implementation to ensure it complies with state law, and the written agreement and policies to which the CUPA and PA have agreed.
- Use the same checklist the CUPA has used in the past, but review all items listed and comment on what was observed. Particularly note items the CUPA is required to report on in its Self Audit Report, I & E Plan and Fee Accountability Program.
- If deficiencies are found, the CUPA is to describe the deviation and how the parties have proposed to correct the issue.

For all CalEPA recommendations, please include a statement in the Action Plan for the CUPA in Evaluation Team Response to Update 1. Please do not hesitate to have the inspector(s) call the Evaluation Team Lead with any questions regarding this deficiency. CalEPA is willing to provide one-on-one training over the phone or in person if needed.

DTSC will evaluate the CUPAs PA audit and ensure that it complies with the CUPAs I & E Plan, including but not limited to: Inspection frequencies, quality of inspections, thoroughness of inspections, graduated series of enforcement, and return to compliance.

Deficiency Progress Update 3:

PA Evaluation 2015

The Los Angeles Fire Department (LAFD) is the Certified Unified Program Agency (CUPA) for the City of Los Angeles and has a MOU with the Los Angeles County Fire Department (LACoFD) as the Participating Agency (PA). The PA is responsible to enforce hazardous waste regulations within the City of Los Angeles. The CUPA is required to conduct an annual audit of its PA by file reviewing and audit inspection.

During the month of September 2015, a representative of the CUPA, Marcus Look, visited 3 district offices of the PA: the West District, the Central District and the Southwest District and met with the district supervisor. The purpose of the meeting was to review files of the facilities within the City of Los Angeles and to evaluate the data collection and handling of the hazardous waste inspection program.

A report of routine inspections from Jan 1, 2015 to June 30, 2015 was submitted by the PA in August. Roughly 800 facilities were inspected for the 6-month period. Sixty facilities were randomly selected for review. The PA is in the process of eliminating hard copies of documents since April 2014, new documents are stored electronically in a software program call D2. Only inspectors have access to them. Historical files are still available for most of the facilities. For the purpose of my review, the newer inspection reports and field notes were printed. Field note are typed in during inspections on a tablet.

Of the 60 files requested only 54 files were available; 4 are Tiered Permitting facilities, 9 facilities have over 20 employees, 41 facilities have less than 20 employees. All of these facilities were inspected in 2015. A summary of reviewed as follow: 9 facilities were inspected within the 3-year frequency; 28 facilities took more than 30 days to Return To Compliance(RTC); Several violations were repeated by the same facility many times such as container labeling and documents keeping; one facility is under enforcement action.

The PA's Inspection and Enforcement Plan (I & E Plan) indicated the frequency of inspections for a hazardous waste generator is three years. The file reviewed shows the PA is not following its own plan and only 9 facilities were inspected within this frequency. The PA may want to modify the I & E plan since the hazardous waste generator inspection frequency is not mandated by State regulation.

Per I & E Plan minor violations that are not corrected within 30 days or the required timeframes may be reclassified to a higher violation class and warranting additional enforcement. There is no indication of any enforcement on late RTC.

Per I & E Plan a chronic violation or a recalcitrant violator is not a minor violation, but all labeling and documents keeping violations were checked as minor. Inspectors should be better trained on the topic of recalcitrant violation.

PA inspectors were observed during City Attorney Strick Force inspection and the Cal EPA Environmental Justice Initiative inspection. Inspectors were well prepared for the inspection; they had the appropriate PPE and the facility file. Newer inspectors used a checklist to conduct document reviews. All inspectors obtained consent from owner or manager to conduct inspections and to take pictures. On one occasion, a newer inspector seemed to be too demanding but a DTSC inspector was satisfied with the requirement.

Over all, the PA had the hazardous waste generator inspection program set up in a very professional and technical manner. The PA is using CERS to collect data on hazardous waste generators; all staff met the education requirements, attended ongoing training, and they were highly qualified.

The PA inspection of hazardous waste generators was behind scheduled frequency. Per Bill Jones in the CUPA and PA meeting in July, they will be catching up with required inspection frequency by the end of the year. Using the August inspection report summary to estimate, they will have about 1600 facilities inspected by the end of the year but there are over 6000 hazardous waste generators within the City, this may not meet the I & E Plan inspection frequency. The PA training should emphasize recalcitrant violations and late Return To Compliance.

Evaluation Team Response:

Correction of this deficiency is in progress.

With this update report, the CUPA has demonstrated that they have conducted a more thorough review of its PA than it has in years past. CalEPA finds that areas of improvement remain, particularly in processes that require collaboration between the CUPA and PA; such as, the annual review of the I & E Plan, fee accountability, and CERS implementation. CalEPA is working with the CUPA and PA to develop a collaborative process of implementing the hazardous waste program element within the City of Los Angeles. Such a processes will allow the CUPA to complete a thorough evaluation of the PA as well as identify deficiencies that are hindering program implementation for both the PA and the CUPA, and allow the for the collaborative identification and correction of any deficiencies or issues that may arise.

DTSC is satisfied with the CUPAs evaluation of their PA's hazardous waste generator inspection and enforcement program. The CUPA conducted a thorough file review and reviewed 56 hazardous waste generator inspection reports. The CUPA determined that their PA is not meeting the inspection frequencies stated in their I&E plan. In addition, the CUPA determined that in some cases the PA is not classifying violations correctly for recalcitrant violators and that the PA is not following up with facilities that has not returned to compliance within 30 days in a timely manner. The CUPA needs to ensure that their PA corrects the identified deficiencies discovered during their audit. DTSC's portion of this deficiency is considered corrected.

CalEPA will continue to monitor the CUPA/PA process through the Deficiency Progress Update Reports. With the next update, please provide a narrative description of the next quarterly meeting between the CUPA and PA. Please include documentation of the meeting agenda, list of attendees, and action items resulting from meeting discussions. CalEPA is willing to provide assistance in coordination and facilitation as needed.

Deficiency Progress Update 4:

A quarterly meeting was scheduled on December 1, 2015. LA County Fire representatives David Baltazar, Asst. Chief, and Teresa Quiaoit, Supervising Hazardous Materials Specialist, met with Los Angeles City CUPA representatives Anna Olekszyk, Acting CUPA Manager; Marcus Look, CUPA/PA Coordinator; and Sam Kim, Programmer Analyst LAFD. The meeting was held at LAFD headquarters and discussed the following topics: CERS Data coordination, PA Audit, PIA update, and Fire Station inspections.

The next quarterly meeting is set for March 2, 2016 at LA County Fire.

Please see “Attachment 14” details.

Evaluation Team Response:

LA City Fire Department CUPA and LA County Fire Department PA continue to demonstrate their commitment to ensuring a collaborative CUPA-PA implementation of the Unified Program. CalEPA has reviewed the agenda and meeting minutes from the December 1, 2015 quarterly meeting. Major issues including the PIA, PA audit, and hazardous waste generator inspections at LAFD Fire Stations were discussed and action items were outlined. Actions items related to the PA Audit have not been completed.

With the next deficiency progress report, please include a narrative update of the topics discussed at the March 2, 2016 meeting, and a status on the PA Audit action items from the December 1, 2015 meeting.

Deficiency Progress Update 5:

The CUPA and PA quarterly meeting took place on March 2nd as scheduled. A total of 15 staff including supervisors, the LAFD CUPA Manager and LA County Assistant Chief were present. The meeting agenda, sign in and meeting minutes are shown below in Attachment C. Amongst other items, the PA evaluation training was discussed and it was decided the new Program Manager would assume responsibility for all future triennial Participating Agency Evaluations. The Program Manager also followed up with CalEPA at the CUPA Forum Meeting held in Orange County regarding PA evaluation training for LAFD CUPA, specifically aligning the training with the new method for CUPA/PA evaluations currently being implemented by the State. CalEPA advised that training would be made available soon for all CUPA’s who have Participating Agency agreement and were responsible for PA evaluations. CalEPA advised LAFD CUPA Program Manager participate in the training at that time.

Also discussed during the meeting was the status of the overdue hazardous waste inspections. LA County advised they had directed more resources into the inspections and they were anticipating all hazardous waste inspections would be completed prior to the April 25 PIA update or at least have the vast majority completed to satisfy the deficiency. Please note, the March 2nd meeting minutes incorrectly state all Fire Station inspections have been completed.

A narrative of items discussed during the CUPA & PA Meeting are included in Attachment C.

On April 7 LA County CUPA Program Supervisor and the LAFD CUPA Manager also met to discuss outstanding items on the PIA and PA Evaluation. LA County reiterated their commitment to complete the overdue Hazardous Waste inspections. We discussed inspection and enforcement issues identified in both programs and the need for periodic staff training followed by evaluation of inspection reports to ensure are following established policies and procedures.

Evaluation Team Response:

Correction of this deficiency is in progress.

LA City Fire Department CUPA and LA County Fire Department PA continue to demonstrate their commitment to ensuring a collaborative CUPA-PA implementation of the Unified Program. CalEPA has reviewed the agenda and meeting minutes from the March 2, 2016 quarterly meeting. According to the meeting notes, the CUPA and PA identified an inconsistency in CERS reporting (a deficiency), a plan for correcting the deficiency (corrective action) and a timeframe for correction. Once the CUPA demonstrates the same course in its PA audit process, and demonstrates a thorough review of requirements the corrective action for this deficiency will be complete. Overall, this represents a shift from update meetings that result in potential action items and needs for training to collaboration and problem solving. CalEPA also appreciates the CUPA's forthcoming correction to the meeting minutes and continued efforts to ensure Fire Station inspections are completed.

Training was not a requirement to correct this deficiency, and the CUPA manager's extensive experience in coordinating PA's may render the training unnecessary. CalEPA is always willing to provide training or recommendations as necessary and upon request.

With the next deficiency progress report, please include a narrative update of the topics discussed in the June 2016 meeting and the progress towards addressing action items.

Deficiency Progress Update 6:

As requested attached is the PA Meeting Agenda held on June 7, 2016:



Los Angeles Fire Department



CERTIFIED UNIFIED PROGRAM AGENCY

Participating Agency Meeting

Quarterly Meeting

6/7/2016

Agenda

- 1. Introductions**
- 2. Billing**
 - a. Pact**
 - b. Fee increases for LA county**
 - c. 2017 Discussion**
- 3. Electronic reporting compliance**
- 4. CERS/EC Issues/**
- 5. Legislative updates**
- 6. Area plan update for LA City**
- 7. Enforcement updates**
- 8. Roundtable and future topics**
- 9. Next meeting – September 2016**

1. Billing – Billing has risen to the top of the agenda as LAFD bills for LA County Hazardous Waste sites. Every year billing information is corrected via a PACT process to validate the data in LAFD Envision Connect database is synchronized with the billing records in LA County's Envision Connect database. This is a very labor intensive and long process that typically lasts 3 months. In past years the collection rate for LA County has been less than LAFD and as a result LA County had expressed concerns not only at this current and past PA Meetings but also at a higher level with the Fire Marshal's office. LAFD made a commitment to investigate and take whatever measures needed to increase the billing for this year. Shortly after the PA Meeting LAFD convened a meeting with technical staff and coordinated a thorough examination of the PACT process. During this process we identified a number of workflows that were skipping valid facility records for billing. The workflows were adjusted and we estimate an additional 300 sites will receive the correct billing for this year. Following these changes we then met with LA County CUPA Chief and LAFD Fire Marshal and discussed our progress. We also identified other ways LA County could assist with the collection process to increase their own collection rates as follows:
 - a. LAFD developed a monthly subscription report that identifies LA County HW only facilities with an outstanding balance that will be generated and emailed to LA County commencing 8/1/2016. The report can then be given to LA County inspection staff to identify sites that have not paid during their routine inspection and then pursue action to recover fees.
 - b. LAFD has offered the local LAFD City Attorney hearing process to LA County for referral of sites that have not paid. This process has been instrumental in LA City attaining a 92% collection rate.
 - c. LAFD has also created a bimonthly collection activity report which will also be automatically generated by the Envision and emailed to LA County personnel beginning 8/1 on a bimonthly basis.

We also discussed fee increases as LA County had just finalized approval of new fees and it was discussed how we could include the new fees as we were already well advanced into the billing process. There was an issue with fee codes that LA County had established which conflicted with LAFD codes. After the PA Meeting LAFD staff met to discuss the issue, identified a solution, communicated the proposal to LA County and successfully implemented the change. LA County billing will go out this year as planned and on time with the new fees included.

Billing meetings occur every Wednesday at LAFD to monitor progress on the project plan and discuss issues. This will be the first time in many years that LAFD has been able to meet the billing deadline which is scheduled for the end of July. LAFD would like to recognize the committed work by Data Management Unit staff, Management Information Systems staff and our partnership with LA County for making this happen.

Lastly for billing, we discussed eliminating the PACT billing process for next year as it consumes excessive amounts of staff resources. LAFD is planning on utilizing a web based solution where LA County can make real time changes that can be simply imported back into Envision Connect. Subsequent to the PA Meeting we followed up the discussion with LA County Chief who suggested we use the information directly out of CERS thereby making it the primary database for billing. LAFD agrees with the LA County's suggestion and will commence discussions soon after billing.

2. Electronic Reporting Compliance – Deficiency 19 regarding CME compliance was discussed. LAFD had identified a solution which allowed the CME to finally flow up to CERS. LA County was still experiencing issues and had reached out to CERS technical support and Accela. Subsequent to the PA Meeting we met again and discussed LA County PA CME data and unfortunately the problems have continued. At the end of the meeting we conferenced in the LAFD IT Analyst to help with the trouble shooting. LA County made progress with changes and we have offered every solution that worked for us. As of the writing of this report LA County was finally able to upload all CME inspection data for HW facilities in LA City. In an effort to reach out to the CUPA Community LA County convened a meeting of CUPA's on 7/21/2016 to discuss Envision and CERS issues and share solutions that worked for individual agencies. There has been a lot of collaboration between the PA, LAFD and other agencies this past reporting period and overall much progress has been made.

3. CERS/EC Issues – The new violation library changes were discussed. Both CUPA and the PA had inactivated expired violations as directed by CalEPA. We discussed waiting for the new library to be vetted by the CUPA Forum Board. We also discussed bringing down data from CERS into Envision Connect as many CUPA's had not started the process. LAFD piloted the process about a month before the PA meeting and ran into errors. The only way to abate the error was to go to a new version of Envision Connect. Consequently LAFD pushed through testing the new version of EC and went live with the new version. LA County shared some of their experiences with the workflow which has been valuable to our testing. Testing of CERS downloads will commence after billing invoices go out at the end of July. We also discussed duplicate serial numbers causing CME errors and took the discussion to Accela after the meeting who is now working on the trouble shooting for us.
4. Legislative Updates – LAFD shared their participation in the CalARP regulatory changes, meeting with refineries to discuss the issues with Sean Penn from CalEPA, we also gave Sean Penn a tour of the Emergency Operations Center so that he could experience firsthand LAFD advanced capabilities when it comes to a release scenario and public notification. LA County was also at the table with the refineries and together we attended the Environmental Justice meeting to discuss concerns raised by the community. LAFD also collated comments from SoCal CUPA's and submitted a proposed rewrite of part of the emergency response regulations. This was also done collaboratively with our PA who also has refineries in the CalARP Program.
5. Area Plan – We discussed the status of our Area Plan, the consultant we engaged and the need to partner together so that both agencies had input on the plan. LA County provided information critical to the plan which was subsequently included in the LAFD Area Plan. The plan was finally completed on 7/20 which demonstrates once again that LA County PA and LAFD CUPA have a very productive partnership.
6. Enforcement Updates – We discussed sharing AEO cases where there may be a hazardous waste site involved on a case originating from an LAFD regulated facility. LAFD has offered to let the PA know when we have such cases so that we can also resolve any hazardous waste violations in the same hearing. I was referred to the AEO Coordinator for LA County who we subsequently met with and came to an agreement that this would be a good initiative that will be implemented.
7. Roundtable – We discussed the Hazmat Response agreement LA County has with LAFD to provide some clarity on the exact services that are provided and under what scenarios. We discussed the next PA evaluation and after the meeting I followed up with an email to set a date in order to move the process along. We also discussed the Accela Conference and after the meeting LAFD CUPA received approval to attend and completed registration for staff and management to attend.

LAFD and LA County CUPA also update and collaborate on another forum known as LAC4. The Los Angeles County CUPA Coordinating Committee (LAC4) meets at least quarterly to discuss and resolve issues of concern related to implementation of the Unified Program in a consistent and coordinated manner throughout the County. Representatives from LACoCUPA actively participate in these LAC4 meetings to ensure area wide consistency of inspection and enforcement aspects of the Unified Program. LAC4 is used as a forum to discuss and resolve inter-CUPA disputes, jurisdictional conflicts, and any other problems that could adversely affect consistent application of the Unified Program in Los Angeles County. Each CUPA will also establish CUPA contacts for referrals and discussion of immediate issues of concern

As can be seen LAFD and LA County are making great strides together and in the past two reporting periods I believe the relationship and the evaluation of the PA by the CUPA including trouble shooting and follow up are being executed in a positive and productive manner. Based on this progress LAFD requests that this deficiency be considered corrected.

Evaluation Team Response:

Over the last 12 months, the CUPA and PA have coordinated exceedingly well. Working together, the agencies have demonstrated that they have been able to correct and complete all joint tasks required under regulation. There is no further need to submit the minutes of coordination meetings.

Deficiency 14 is specific to the CUPA conducting an adequate performance audit of the PA. The last two performance audits were missing significant elements such as identification of deficiencies and plan of correction. CUPA Self Audit Reports are to be completed by September 30, 2016 and the PA Audit should be a component of the Self Audit Report. The CUPA will be requested to submit the PA performance Audit as supporting documentation with the October 24, 2016 update report. Based on the significant improvements the CUPA has demonstrated through the last 2 update reports, CalEPA anticipates that the next PA Audit will be complete and that this deficiency will be corrected with the October 24th update report.

Deficiency Progress Update7:

The Self Audit was provided to CalEPA as requested.

Evaluation Team Response:

This deficiency is corrected. CalEPA's has closely monitored the CUPA's progress in coordinating and evaluating its PA over the last two years. CUPA and PA coordination has resulted in agreed upon policy documents including the I & E Plan and Fee Accountability Program as well as compliance with the MOU.

15.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	The CUPA is not ensuring that inspectors receive health and safety training required for CUPA technical staff.	By April 23, 2015, the CUPA will provide or ensure technical staff attends health and safety training. The CUPA will send certificates or a class roster and agenda demonstrating that staff attended/completed the training, and specifying the subject matter covered.

Deficiency Progress Update 1:

All inspectors have been extensively trained on the use of the required FIS, which ensures the consistent documentation of observations, the factual basis of violations, and the required Corrective Action to be taken. This training was held several times during the month of August 2014. Five samples of facility inspection reports from the North and Central offices have been provided as requested.

16-hour Health and Safety Training, provided by UCLA education & Research Center was completed by members excluding three (IOD, SK, retiring) on January 6-7, 2015. For Class Roster, Agenda and Training Certificates see Attachment 9.

Evaluation Team Response:

The CUPA provided documentation demonstrating that staff attending 16 hours of health and safety training in January 2015. This deficiency is corrected.

Please continue to ensure that staff complete 8 refresher hours of health and safety training annually.

Deficiency Progress Update 2: N/A		
Evaluation Team Response: No update required. This deficiency has been corrected.		
16.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	In some cases, elements that are required by statute, such as factual basis of violations and Corrective Actions are not included in the Los Angeles County PA's HWG inspection reports provided to the facility.	By April 23, 2015, the PA will provide five examples of facility inspection reports from the North and Central offices that include all observations made at the facility, all alleged violations, the factual basis for the violations, code citations, and any Corrective Actions necessary.
Deficiency Progress Update 1: All inspectors have been extensively trained on the use of the required FIS, which ensures the consistent documentation of observations, the factual basis of violations, and the required Corrective Action to be taken. This training was held several times during the month of August 2014. Five samples of facility inspection reports from the North and Central offices have been provided as requested. For Facility Inspection reports see Attachment 10.		
Evaluation Team Response: The CUPA and PA have not demonstrated compliance. The PA provided examples of facility inspection reports from North and Central offices. All routine inspections occurred prior to November 18, 2011, nearly three years prior to the July 2014 CUPA evaluation. DTSC finds this documentation unacceptable, as it does not demonstrate the PA's current processes, but instead highlights the PA's inability to comply with the CUPA's inspection policies concerning frequency of inspection. Additionally, one of the inspection reports provided (Clay Lacey Aviation) did not have any violations With the next update report, please demonstrate the PA's North and Central offices are currently providing inspection reports that include all observations made at the facility, all alleged violations, the factual basis for the violations, code citations, and any Corrective Actions to facilities at the conclusion of each inspection. In order to demonstrate that this practice is currently being implemented, please ensure that five (5) inspection reports submitted to CalEPA are from routine inspections that have occurred within the last twelve (12) months.		
Deficiency Progress Update 2: Please see attachments for five inspection reports that include all observations, all alleged violations, the factual basis for the violations, code citations, and any corrective actions. (See PA Attachment # 1A, 1B, 1C, 1D, & 1E).		
Evaluation Team Response: DTSC reviewed the 5 inspection reports provided by the CUPA. The inspection reports include violation description, observations and corrective actions for each cited violation. This deficiency is corrected.		
Deficiency Progress Update 3: N/A		
Evaluation Team Response: No update required. This deficiency has been corrected.		

17.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	<p>The CUPA and PA are not coordinating the annual review and update of the CUPA's fee accountability program and Inspection & Enforcement Plan (I & E Plan).</p> <p>The CUPA does not appear to be consulting and reaching consensus with the PA prior to making changes to the CUPA's I & E Plan that may affect program elements for which the PA is responsible. Although the CUPA reviewed its I & E Plan, implementation requirements for and changes relevant to the Hazardous Waste Program have not been incorporated.</p> <p>The CUPA's I & E Plan states the following on page 15, subsection g: HSC Chapter 6.5 Section 25192 <i>"Class I violations require that formal enforcement action be taken according to the State Response Policy. Class II violations may be enforced by formal or informal enforcement actions. Minor violations require that a Notice to Comply be prepared pursuant to HSC Section 25187.8."</i></p> <p>The Enforcement response policy is no longer valid since the penalty regulations became effective in 2001.</p> <p>The CUPA's I & E Plans states the following on page 18: <i>"DTSC is currently reporting SNC information to the federal EPA from information submitted by CUPAs from the waste generator inspections."</i> DTSC is not reporting SNC information separately to EPA. Once CUPAs update its I & E information into CERS, the information will be uploaded to RCRAInfo (EPA's database) and EPA will be able to extract SNC information themselves.</p> <p>The CUPA's I & E Plans says the following on page 20: <i>"A class I violation committed by a chronic or a recalcitrant violator, as provided in Section 25117.6 "</i> The correct section to cite is 25110.8.5. page 4 section J: Hazardous Waste Generator Inspection Program</p>	<p>By July 23, 2015, the CUPA will review its entire I & E Plan and update it as needed.</p> <p>By July 23, 2015, the CUPA, in coordination with its PA, will revise its I & E Plan to include the administration of the HWG/TP program element. If adopting LA County Fire Department's I & E Plan for the HWG programs the CUPA should at minimum incorporate by reference and keep the Plan onsite and available upon request.</p> <p>The CUPA will include an update of its fee accountability program with its annual self audit report, due by September 30, 2015. The fee accountability program update will include a discussion of the necessary and reasonable costs of the hazardous waste program as implemented by the PA.</p>

	<p><i>"See L. A. County Fire Department Inspection and Enforcement Plan"</i></p> <p>As noted above, LA City CUPA's I & E plan has adopted LA Co Fire Department's I & E plan by reference. Appendix VI is missing inspection reports for the hazardous waste and tiered permitting programs.</p>	
<p>Deficiency Progress Update 1:</p> <p>The CUPA, in coordination with its PA, is in a process of revising the I&E Plan to include the administration of the HWG/TP program element and adopting La County Fire Department's I&E Plan for the HWG programs. CUPA will incorporate PA's I&E Plan by reference and keep the CUPA's I&E Plan available upon request.</p>		
<p>Evaluation Team Responses:</p> <p>The CUPA appears to be in the process of correcting the deficiency by adopting LA County FD's I & E Plan by reference. Please remember that this deficiency also addresses the coordination of the of the CUPA's fee accountability program. CalEPA recommends that the CUPA review CCR Title 27Section 15200 and Section 15220 which describe the requirements of the Inspection and Enforcement Program and Fee Accountability Program Plans respectively.</p>		
<p>Deficiency Progress Update 2:</p> <p>The CUPA will include an update of its fee accountability program with its annual self-audit report, due by September 30, 2015. The fee accountability program update will include a discussion of the necessary and reasonable costs of the hazardous waste program as implemented by the PA.</p>		
<p>Evaluation Team Response:</p> <p>The CUPA's response to this update is incomplete for the second time. In the previous update, the CUPA focused on the I & E Plan to the exclusion of the fee accountability program, and in this update the description is reversed.</p> <p>In Update 3, please provide an update on the status of the coordination of the review and revision of the I & E Plan AND fee accountability programs with the PA. Please provide a copy of the finalized I & E Plan including all attachments and incorporations. Please also provide a copy of the annual self audit report and fee accountability documents.</p>		
<p>Deficiency Progress Update 3:</p> <p>CUPA I&E Plan was submitted to Cal/EPA on August 27, 2015. The Plan incorporates the PA's I&E Plan for the administration of HWG/TP Unified Program element. Plan also includes provisions for coordinating enforcement efforts between both parties.</p> <p>Fee Accountability coordination efforts are still in inception stage and will be a subject of upcoming meeting between Cal/EPA, CUPA and PA.</p> <p>Attachment G contains the CUPA Fee Accountability Program and Attachment G – PA Financial Statement.</p>		

Evaluation Team Response:

The CUPA's I & E Plan incorporates the PA's I & E Plan for the administration of HWG/TP Unified Program element. The CUPA is keeping the CUPA's I & E Plan available upon request. DTSC's portion of this deficiency is corrected.

The Fee Accountability Program coordination portion of this deficiency is remains in progress. On October 23, 2015 CalEPA, the CUPA, and the PA met to discuss the PA evaluation process, and areas of program implementation, including fee accountability program documentation and review, that would benefit from additional coordination and a more collaborative approach.

CalEPA will continue to monitor the CUPA/PA process through the Deficiency Progress Update Reports. With the next update, please provide a narrative description of the next quarterly meeting between the CUPA and PA. Please include documentation of the meeting agenda, list of attendees, and action items resulting from meeting discussions. Once completed, please provide a copy of the Fee Accountability Program document that includes an analysis of the HWG program.

CalEPA is willing to provide assistance in coordination and facilitation as needed.

Deficiency Progress Update 4:

In the 2013/2014 Fee Accountability Program, the CUPA included all of the items required in Title 27 Section 15220 for every program, except for hazardous waste. CUPA will perform a similar analysis of the hazardous waste and onsite treatment programs to satisfy its oversight responsibilities and coordination efforts with the PA in the next annual fee accountability review. In order to perform this analysis, LA County FD will need to provide the CUPA with the numbers, either the allocated percentage of resources or the actual staff hours needed to implement the HW Program for LA City. LA County will also need to provide a description of the process of HW Program cost determination as well as establishing the fees.

The LA County Fire Department PA narrative of Fee Accountability which includes analysis of the HWG Program is in Attachment F. LA County Fire Department PA provides its CUPA - STATE AUDIT REPORTS DIRECT/INDIRECT EXPENDITURES. FY 2014-15 and the Fee Model FY14/15 which illustrate the program costs in its implementation of the HWG Program.

Please see "Attachment 17" for details.

Evaluation Team Response:

CalEPA finds that the narrative provided by the LA County Fire Department PA regarding the resources required to implement the HWG program on behalf of the LA City Fire Department CUPA is sufficient.

Please note the CUPA and PA are responsible for reviewing and updating the fee accountability program annually.

This deficiency has been corrected.

Deficiency Progress Update 5: N/A

Evaluation Team Response: No update required. This deficiency has been corrected.

18.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	<p>The CUPA was unable to demonstrate if they are investigating complaints referred by DTSC as stated in its I & E plan.</p> <p>On July 31, 2014, the CUPA was unable to demonstrate that DTSC referred complaints were investigated by the PA.</p>	<p>The CUPA will immediately start following it's I & E plan and follow up with complaints referred by DTSC.</p> <p>By April 23, 2015, the CUPA will provide follow up documentation for the outcome of the following complaints referred by DTSC:</p> <ul style="list-style-type: none"> • 14-0414-0208 • 14-0314-0126 • 13-0813-0609 • 14-0114-0075 • 13-1013-0675 • 13-0413-0282 • 12-0812-0465 • 12-0112-0059
<p>Deficiency Progress Update 1:</p> <p>Complaint summary reports have been provided for the following: 14-0414-0208 – PA Report # CO0027829 14-0314-0126 – PA Report # SR0027460 13-0813-0609 – PA Report # CO0025750 12-0812-0465 – PA Report # CO0027881 12-0112-0059 – PA Report # CO0028045</p> <p>The PA has not received the following complaints from the CUPA or DTSC: 13-1013-0675 13-0413-0282</p> <p>The following complaint was referred back to DTSC since it was not under the PA's jurisdiction: 14-0114-0075</p> <p>See Attachment 13.</p>		
<p>Evaluation Team Response:</p> <p>The CUPA followed up with all complaints and provided follow up information on all complaints referred by DTSC. This deficiency is corrected.</p>		
<p>Deficiency Progress Update 2: N/A</p>		
<p>Evaluation Team Response: No update required. This deficiency has been corrected.</p>		

19.	DEFICIENCY: CORRECTED	CORRECTIVE ACTION: COMPLETE
	<p>The CUPA did not report quarterly inspection, violation, and enforcement information for each program element to CalEPA through the Decade Envision Connect local information management system or CERS.</p> <p>The CUPA did not report inspection, violation, and enforcement information for the entire 2013/2014 fiscal year by July 30, 2014.</p>	<p>The CUPA will prepare and implement an action plan to address this deficiency. The action plan will be submitted with the April 23, 2015 update.</p> <p>This deficiency will be considered corrected when the CUPA reaches the 90% percentile of inspection, violation, and enforcement information provided through the Decade Envision Connect local information management system or CERS for each program element.</p>
<p>Deficiency Progress Update 1:</p> <p>Pending the CalEPA response to LAFD letter dated February 25, 2015 (Attachment 12).</p>		
<p>Evaluation Team Response:</p> <p>The CUPA has not complied with the Corrective Action.</p> <p>Cal EPA does appreciate that the CUPA responded to the November 17, 2014 survey requesting an update on the CUPA's progress on complying with reporting requirements of Compliance Monitoring and Enforcement (CME) Data. The letter sent by the CUPA on February 25, 2015, in response to CalEPA's survey, does not contain sufficient information to comprise an action plan and therefore does not meet the terms of the corrective action. The CUPA has requested an exemption from the requirement to report FY 2013/2014 CME data due to issues with Decade Envision Connect Software and Integration Wizard, and inspectors' consistency in keeping track of inspections and return to compliance. CalEPA denies this request. The CUPA is responsible for ensuring CME data for FY 2013/2014 is uploaded to CERS. CalEPA realizes that lack of consistency among the CUPA inspectors will yield incomplete data as the CUPA reports the information that is available. The CUPA will need to work with its vendor to ensure CME data may be uploaded when RTC dates are unavailable.</p> <p>Action Plan for the CUPA</p> <ol style="list-style-type: none"> 1. Ensure that inspectors consistently track and report inspections, violations, return to compliance, and enforcement actions. This information required to be tracked and reported through CERS by state law and the information is required to maintained for 5 years under state regulations. 2. Create a systematic action plan. Take into consideration the staff hours, hardware and software necessary to implement the action plan <u>in addition to</u> the staff hours and infrastructure needed to implement the rest of the Unified Program. 3. Coordinate the transfer or uploading of CME data for hazardous waste generators with the PA implementing the hazardous waste program. Ensure CUPA staff is available to facilitate this coordination. 4. Contact the vendor to determine work around for the RTC date issue. Several CUPAs are able to utilize the integration wizard to transfer open violations. 5. Based on the information gathered, draft a step-by-step action plan and feasible timeframe for completion. 6. Provide the action plan and time frame to CalEPA with the next quarterly progress update. 7. Please also provide a detailed narrative discussing the CUPA's progress in implementing the action plan. 		

Deficiency Progress Update 2:

On April 30, 2015, LAFD has successfully uploaded 90% of the 2015 1st quarter CME data using Decade Integration Wizard for the first time. One of the issues encountered during the CME upload to CERS, was the fact that RTC dates were not being captured with the current EnvisionConnect Remote (ECR) version 5.2.1.387. LAFD had to use a work around script to populate the RTC dates in EnvisionConnect backend for inspections with closed violations.

For this upcoming reporting period (2015 2nd quarter), LAFD will continue to use the same work around RTC script to rectify the ECR deficiency until CUPA is able to upgrade to version 5.2.8 (or higher) which will provide a permanent fix for the RTC date issue. The CME data upload to CERS will be completed by July 31, 2015.

The CME data upload for FY 2013-2014 will be performed on 8/30/2015, however, the CME data for that period will be limited to inspection data only since the violation data was captured manually on paper during that period.

Evaluation Team Response:

The CUPA has made progress in electronic reporting, but has not complied with the corrective action.

CalEPA acknowledges that the CUPA is working with its vendor to establish workarounds when the CUPA's data management system is incompatible with CERS. The CUPA has met its target to upload CME data for the second quarter by July 31, 2015 for all programs with the exception of the Hazardous Waste Generator Program.

The CUPA has not provided an action plan as required under the corrective action, but has simply provided a narrative update of progress towards successfully completing electronic data transfer. CalEPA is pleased that the CUPA is making progress. The reason for requesting an action plan is to determine whether the CUPA has established a plan to correct this deficiency in the long term.

With the next progress update, please provide an action plan demonstrating the CUPA has established a plan to complete the transfer and entry of CME data for all program elements for FY 2013/2014, 2014/2015, and for the continued uploading of data in the future. As stated in the Evaluation Team Response to update 1 the action plan should be a systematic plan that takes into consideration the staff hours, hardware and software necessary to implement the action plan in addition to the staff hours and infrastructure needed to implement the rest of the Unified Program. The action plan should include:

- A discussion of where the CUPA is in the process of entering/uploading required data.
- A timeframe and plan of action for hand entering violation and enforcement data that was manually tracked on paper during FY 2013/2014.
 - Please understand this will be a lengthy process and may consume considerable amounts of staff time.
 - The plan and timeframe should take into consideration that the CUPA is in the process of correcting 16 other deficiencies and must continue to do so.
- A timeframe and plan for ensuring CME data captured by its PA is uploaded to CERS.
- A QA/QC process for reviewing CME data that does not make it through the EDT transfer process.
- A discussion of when the CUPA will upgrade to a version of its vendor's software that will permanently fix the RTC script issue.

Deficiency Progress Update 3:

The CUPA's prior management instructed all inspectors to record and print a hard copy of all NOV's (notice of violation) into a log book for recordkeeping. That was this administration's method of capturing the data for the period of 2013 and 2014. Since January 28, 2015, with the launch of Envision Connect Remote software, the NOV's are captured electronically. In order to fulfill, what is now done electronically on Envision Connect, all NOV data for 2013 and 2014 must be entered manually. A plan of action has been established.

- An account has been provided by MIS (Management Information Systems) so that any inspector is able to go into EnvisionConnect and enter data for each inspection for 2013 and 2014.
- Those inspectors who were assigned then and still remain in the unit will be responsible for the NOV's that they issued in 2013 and 2014.
- As a result of the meetings, on 09/30/15 and 10/07/15, all inspectors were advised of the task that has to be accomplished.
- A workflow chart has been established so that each inspector will input the data correctly with consistency (see Attachments K and L).
- Each inspector has an administration day at the office twice a month. For each admin day, the inspector will be given a specific number of NOV's to enter for that day.
- The entered NOV's will be given back to the Captain for quality control and to have MIS review for completeness.

There are currently 343 NOV's that have been identified in the 2013/2014 NOV's LOG BOOK. We estimate that we will be able to accomplish this task in 3 months and complete around the end of January 2016. This is the most feasible plan without trying to train one specific person or pursuing the use of overtime accounts.

1. "A timeframe and plan for ensuring CME data captured by its PA is uploaded to CERS."

At this time, Los Angeles County PA has not shared any data with the LAFD CUPA.

2. "QA/QC process for reviewing CME data that does not make it through the EDT transfer process."

MIS is capable of querying CME records in EnvisionConnect that are not compliant to CERS. MIS is using software by Decade to accomplish this goal called CERS Integration Wizard. MIS is to query every quarter prior to the due date. MIS will supply to the CUPA manager and inspectors a report of any incomplete CME records with missing violation degrees and RTC qualifiers. This information will then be distributed to the inspectors to correct or enter data for completeness and to make sure that violation degrees and RTC qualifiers are closed properly. The corrections are to be completed within a two week time frame. MIS will re-run the query until there is 100% compliance.

3. "A discussion of when the CUPA will upgrade to a version of the vendor's software that will permanently fix the RTC script issue. "

MIS staff is in the process of upgrading EC (EnvisionConnect) and ECR (EnvisionConnectRemote) to the 5.3 version. The billing cycle is holding up the process at this time, however MIS and Data Management are in the final stages to move forward with the upgrade and are planning to complete the upgrade by the end of 2015.

Evaluation Team Response:

The CUPA has provided their most comprehensive update to date on the CME Date Transfer Issue. The initial issues for which the deficiency was cited have not been corrected, however the CUPA is moving forward and ensuring current inspection data for all programs are uploaded to CERS, with the exception of inspections for the HWG program.

CalEPA's query of FY 2013/2014 inspection data for LA City CUPA yielded the following results that support this finding:

- 7 routine HMRRP inspections have been entered
- 0 routine CalARP inspections have been entered
- 0 routine UST inspections have been entered
- 0 routine APSA inspections have been entered
- 0 routine HWG inspections have been entered or uploaded.

For comparison, query totals for FY 2014/2015 and the first quarter of FY 2015/2016 yielded the following:

FY 2014/2015

- 841 routine HMRRP inspections have been entered
- 3 routine CalARP inspections have been entered
- 626 routine UST inspections have been entered
- 38 routine APSA inspections have been entered
- 0 routine Hazardous Waste Generator inspections have been entered or uploaded.

FY 2015/2016 – Quarter 1

- 526 routine HMRRP inspections
- 3 routine CalARP inspections
- 300 routine UST inspections
- 14 routine APSA inspections
- 0 routine HWG inspections

With the next progress report please:

1. A discussion of where the CUPA is in the process of enter/uploading required data.
2. An update on the timeframe and plan of action for hand entering CME data for the FY 2013/2014 fiscal year, as well as violation and enforcement data that was manually tracked on paper.
3. Update CalEPA on the progress towards uploading HWG inspection in CERS. Please work with the PA to establish a process to ensure HWG CME data is uploaded to CERS. If the CUPA and PA are unable to complete this coordination effort by the next Update report, please update CalEPA on the quarterly meeting schedule and provide a timeframe for meeting agenda items stating when the correction of this deficiency will be prioritized.

Deficiency Progress Update 4:

“A discussion of where the CUPA is in the process of enter/uploading required CME data.”

To date, the CUPA has successfully uploaded CME data for:

- 1st Quarter 2015 (January 1, 2015 to March 31, 2015)
- 2nd Quarter 2015 (April 1, 2015 to June 30, 2015)
- 3rd Quarter 2015 (July 1, 2015 to September 30, 2015).

Currently, all CUPA resources are dedicated to the upload of 4th Quarter 2015 CME data-- which would mark its 4th consecutive, successful upload.

“An update on the timeframe and plan of action for hand entering CME data for the FY 2013/2014 fiscal year, as well as violation and enforcement data that was manually tracked on paper.”

As proposed in the CUPA’s Deficiency Progress Update 3, the CUPA has implemented its action-plan for hand-entering CME data for FY 2013/2014 (i.e. manually entering ‘Notice of Violations’ (NOV) into the EnvisionConnect (EC) system) and is on track to complete the task by the end of January, 2016. Once all NOV entries have been entered, the data will be reviewed and prepared for CME upload. The CUPA anticipates the successful upload of 2013/2014 CME data by the next PIA update.

“Update Cal EPA on the progress towards uploading HWG inspection into CERS. Please work with the PA to establish a process to ensure HWG CME data is uploaded into CERS.”

A meeting was established on January 13, 2016 between LA County Fire (PA) and LAFD. The parties included LAFD Captain Dan Dragotto, Hazmat Hygienist Marcus Look, MIS Analyst Sam Kim and LACo Hazmat Specialist Theresa Quiaoit. Teleconferencing was used to speak with Dan Firth from CalEPA and John Miller Senior IT from CalEPA to come up with a resolution of how to share CME data.

At the meeting, both parties and CalEPA agreed on the need to schedule another meeting to discuss how to implement this plan between agencies who maintain large data quantities and who utilize software systems which do not work in tandem. Because of its complexity, the PA will upload its HWG CME data directly into CERS. The PA encountered issues in downloading its CME data into CERS and sought assistance from the CERS Helpdesk and from its software vendor, Accela.

This issue is currently being resolved through collaboration of the PA, CalEPA, and the CUPA. A follow-up meeting with LA County Fire will be held on January 27, 2016.

Evaluation Team Response:

The CUPA continues to make progress in correcting this deficiency.

With the exception of CME data for the hazardous waste program, the CUPA is now complying with the requirement to upload CME Data on a quarterly basis. A review of CERS confirms that the CUPA has uploaded CME data for 2015 including the 4th quarter (October 1, 2015 – December 31, 2015) reporting that was due January 30, 2016.

The CUPA is not yet in compliance with the requirement to transfer CME data beginning 7/1/2013.

The CUPA has successfully uploaded 7 routine Business Plan inspections for the second half of 2013.

No inspections for 2014 have been successfully uploaded to date.

Please continue to provide narrative updates on the CUPA’s progress towards ensuring CME data for FY 2013/2014, and FY 2014/2015 are uploaded to CERS. Please also continue to work with CalEPA and LaCoFD PA to ensure hazardous waste generator CME data is successfully uploaded to CERS. CalEPA understands this is a complex technical issue, and may take some time to correct. Please include an update on the progress made towards ensuring hazardous waste generator CME data is uploaded to CERS with the next update report.

Deficiency Progress Update 5:

LAFD CUPA has entered all of the available 2014 CME data into EC that was available in hardcopy format and pushed the data into CERS via CIW. With the exception of a few records that contained errors it appears that all of the records that were available to the captured were able to make it through to CERS. We also pushed records from 7/1/2013.

The PA completed its upload of CME data for FY2013/2014 and FY 2014/2015. The PA continues to upload CME data for this current FY but is still encountering challenges in uploading the CME to CERS. The vendor, Accela, is still in the process of upgrading Envision Connect and CERS Integration Wizard (CIW) software to resolve this CME upload issue. Accela anticipates the release of the upgraded CIW version by the end of April 2016.

Evaluation Team Response:

The CUPA and PA have continued to make great strides in uploading inspection, violation and enforcement information to CERS. Upon request, the CUPA provided supplemental data on the number of facilities that were inspected by program element. The information provided by the CUPA and data available in CERS are discrepant. The timeframe of comparison is July 1, 2013 through June 1, 2016.

Program Element	Inspections Conducted	Inspections Reported in CERS	% of Inspections Reported in CERS
HMBP	6262	4346	69%
UST	3384	2219	66%
APSA	179	98	55%
CalARP	41	19	46%

Defiance 10 and the subsequent progress updates, state that there are a total of 6046 hazardous waste generators under the jurisdiction of the PA, and that nearly all of them have been inspected within the last three years. CalEPA was able to view 3185 reported inspections of 6046 facilities.

With the next update report, please review the CUPA's process of electronic data transmission to ensure all issues in transferring inspection, violation, and enforcement data are mitigated. Please also include the total number of inspections conducted by program element for fiscal years 2013/2014, 2014/2015, and 2015/2016 in the narrative update.

Deficiency Progress Update 6:

For this reporting period LAFD CUPA reporting rates are all above 90% as shown below.

CUPA Inspection Cross Reference Report

Program	CUPA's Routine Inspections	CERS Routine Inspections	% Routine Inspections in CERS
HMBP	6,587	6,330	96.1%
UST	3,454	3,393	98.2%
APSA	176	173	98.3%
CalARP	40	39	97.5%
Total	10,257	9,935	96.9%

The update is directly from LA County:

The collaborative efforts of LA County PA and CalEPA demonstrated that LA County PA have successfully uploaded 7,034 non-duplicative routine inspections in CERS for facilities in LA City that were conducted from July 1, 2013 through June 30, 2016. Due to limitations from extracting data from CERS, there may be an overlap of jurisdictions. Attempts made by both LA County PA staff and CalEPA team lead were not able to identify the source of overlap. Based on the PAs electronic transfer records, all inspection reports have been uploaded.

Based on the significant progress of both LAFD and LA County I am requesting this deficiency be considered corrected.

Evaluation Team Response:

CalEPA's review of CERS concurs with the CUPA's narrative update. The CUPA has worked diligently to ensure inspections dating from July 1, 2013 through the present are uploaded to CERS. CalEPA appreciates the tremendous amount of work CUPA and PA staff put in to ensuring nearly 17,000 records were reported electronically.

This deficiency has been corrected.

Deficiency Progress Update 7: N/A

Evaluation Team Response: No update required. This deficiency has been corrected.