



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

BUREAU OF RELEASE PREVENTION

401 East State Street

P.O. Box 420, Mail Code 22-03D

Trenton, New Jersey 08625-0420

Tel: (609) 633-0610 * Fax: (609) 633-7031

www.nj.gov/dep

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

SHAWN M. LATOURETTE
Commissioner

**TRANSFER OF OWNERSHIP - SPINOFF
RISK MANAGEMENT PROGRAM CONSENT AGREEMENT**

New Owner or Operator Legal Name: _____

New Owner or Operator TCPA ID#: _____

Successor as Owner or Operator to:

Former Owner or Operator Legal Name: _____

Former Owner or Operator TCPA ID#: _____

Facility Location:

Address: _____

City: _____ County: _____

The following Consent Agreement specified above is issued pursuant to the authority vested in the Commissioner of the State of New Jersey Department of Environmental Protection ("the Department") by N.J.S.A. 13:1D-1 et seq. and the Toxic Catastrophe Prevention Act (TCPA), N.J.S.A. 13:1K-19 et seq., and duly delegated to the Chief, Bureau of Release Prevention, Environmental Safety and Quality Assurance, pursuant to N.J.S.A. 13:1B-4 and amendments made thereto.

A risk management program for a facility shall comply with the requirements of N.J.A.C. 7:31 and, at a minimum, include the following program elements:

1. Management system;
2. Process safety information;
3. Process hazard analysis with risk assessment for specific pieces of EHS equipment or operating procedures;
4. Standard Operating procedures;
5. EHS operator Training;
6. Mechanical integrity/preventive maintenance;
7. Management of change;
8. Safety reviews: design and pre-startup;
9. Compliance audits;
10. EHS accident or potential catastrophic event investigation;
11. Employee participation;
12. Hot work permit;
13. Contractors;
14. Emergency response.

The Successor Owner or Operator specified above hereby agrees to take any outstanding corrective actions set forth in any Consent Agreement, Consent Agreement Addendum, or any enforcement action issued by the Department to the former Owner or Operator prior to the execution of this Transfer of Ownership Consent Agreement.

The Successor Owner or Operator specified above agrees to comply with all requirements of the TCPA and the TCPA Program rules codified at N.J.A.C. 7:31 and the approved risk management program. Pursuant to N.J.A.C. 7:31-11.4, the Department may assess a civil administrative penalty for each violation of the TCPA and for violations of any rule, Consent Agreement or Administrative Order issued pursuant thereto.

This completed Consent Agreement must be signed below by the Successor Owner or Operator and submitted to the Department to:

Manager
Bureau of Release Prevention
New Jersey Department of Environmental Protection
P.O. Box 420, Mail Code 22-03D
Trenton, New Jersey 08625-0420

NAME: _____ SIGNATURE: _____

DATE: _____ TITLE: _____

For: _____
(Successor Owner or Operator Legal Name)

NAME: _____ SIGNATURE: _____

DATE: _____ TITLE: Chief, Bureau of Release Prevention

For BUREAU OF RELEASE PREVENTION