***Insert Site Name* Emergency Plan Summary**

***Insert site address***

**Facility Emergency Contacts: (List 2 contacts per shift)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Cell Telephone No.** | **Home Telephone No.** | **Home Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Does an explosion risk exist at the facility? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_**

**Could the facility release a respiratory hazard that could threaten site workers, emergency responders or neighbors? Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_**

**Is it okay to shut the power off during an event? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_**

**Is it okay to shut the water off during an event? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_**

**Is it okay to shut the gas off during an event? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_**

**Can a run-away reaction/process occur? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_**

**Describe issues/concerns for any yes answer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe special hazards identified above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Describe the three worst case scenarios that could occur involving hazardous materials stored on site:**

|  |  |  |
| --- | --- | --- |
| **Scenario** | **Negative Outcome** | **Location** |
|  |  |  |
|  |  |  |
|  |  |  |

**Planning Inventory: List materials reported on Tier II.**

**List other high hazard materials as needed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Chemicals of Concern** | **Insert Chemical Name & CAS No.** | **Insert Chemical Name & CAS No.** | **Insert Chemical Name & CAS No.** |
| **Chemical Hazard(s) (e.g. flammable, corrosive)** |  |  |  |
| **Maximum volume stored on site** |  |  |  |
| **How is it stored (e.g. drum, AST)** |  |  |  |
| **Where is it stored (e.g. room number)** |  |  |  |
| **Containment/Safety Precautions Provided (e.g. on containment pallet)** |  |  |  |
| **Is the material found in process tanks or piping?** |  |  |  |

**Attach chemical screening form for each substance listed in planning inventory.**

**Attach site sketch which indicates the following:**

1. Location of all utility shut offs.
2. All hazardous materials and waste storage areas.
3. All chemically intensive process areas.
4. Indicate location of chemical storage or process tanks.
5. High hazard areas: potential for engulfment; electrical hazards; magnetic fields; poisonous gases; limited egress; open pits or shafts; radioactive materials; infectious materials or explosives or confined spaces.
6. Insert key that identifies and defines information provided.

**List process control and corresponding room number in table:**

|  |  |
| --- | --- |
| Process Control\* | Room Number/Location |
| Circuit Breakers |  |
| Gas Shut Off |  |
| Water Shut Off |  |
| Main Hazardous Waste Storage Area |  |
| Fire Alarm Control Panel |  |
| Gas Alarms |  |
| Other |  |

\* Insert or attach photographs of controls and hazards if that will assist response activities. Process shut down procedures should also be included for activities that require a precise step by step procedure to achieve a controlled shut down.

Attach a locus map that outlines at least a ¼ mile radius extending from the site. Identify the following types of sensitive receptors located within this planning radius: schools; hospitals; jails; daycares; nursing homes; water & wastewater treatment facilities; municipal buildings and major highways.

**Contact Information for Sensitive Receptors Located with Planning Radius:**

|  |  |  |
| --- | --- | --- |
| **Facility Name** | **Facility Address** | **24-Hour Emergency Contact Info** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Name & Contact Info for spill response firm contracted to support the facility in the event of a release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are spill response supplies maintained on site? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If so, where are these materials stored? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe number and type of materials stored on site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Summary Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Each site should review their pre-plan with site staff on an annual basis and update as needed. Each site should review the plan annually with the local Fire Department.*