***[Insert Facility Name]* Emergency Plan Summary**

***[Insert site address]***

This plan summary must be accurate and thorough, and should be completed by staff directly responsible for emergency response. Please do not leave any questions blank. **If there is a chemical spill, immediately call MassDEP’s Emergency Response line at 1-888-304-1133 and your local fire department to report a spill of oil or hazardous material or other environmental emergency.**

**City/Town Emergency Contacts**

(Add additional rows as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Phone (Cell)** | **Phone (Home)** | **Department** |
|  |  |  | Fire Department |
|  |  |  | Police Department |
|  |  |  | Health Department |
|  |  |  | Public Works Department |

**Facility Emergency Contacts**

(List 2 contacts per shift; add additional rows as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Phone (Cell)** | **Phone (Home)** | **Home Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Facility Hazards**

|  |  |  |
| --- | --- | --- |
| 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 chemical 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 toxic chemicals and/or hazardous materials stored on site:

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

Planning Inventory

Fill in the table below and list all chemicals used or stored on site, including: chemicals and/or hazardous materials reported on Tier II; Toxics Use Reduction Act (TURA) [listed chemicals](https://www.mass.gov/guides/massdep-toxics-use-reduction-program#-listed-chemicals-); any additional chemicals and/or hazardous materials. Add additional columns as needed to complete table (may attach as a separate sheet). Make sure to have current SDSs on file for each chemical and append to full emergency preparedness plan.

|  |  |
| --- | --- |
| **Considerations** | **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? |  |  |  |

**Site Sketch and Process Controls**

Attach site sketch indicating 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 to 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.

Nearby Sensitive Populations and Community Assets

Use [OTA’s Chemical Safety & Climate Resiliency mapping tool](https://mass-eoeea.maps.arcgis.com/apps/webappviewer/index.html?id=485fe2bea40f49d3944a58ed368a7b4d) and/or any additional tools to look at **receptors** (populations) and **features** (community assets, facilities, etc.) within at least a ½ mile radius extending from the facility boundary. Identify the following types of sensitive receptors and/or features located within this planning radius: environmental justice populations; non-English language speaking populations; primary and secondary schools; private schools; colleges or universities; hospitals; ambulatory clinics; long-term care facilities; jails; public housing sites; daycare facilities; water & wastewater treatment facilities; municipal buildings; parks and playgrounds; flooding hazards such as inland or coastal flood zones or projections; and major transportation and evacuation routes. Attach a screenshot or print a copy of this map to include in the facility emergency preparedness plan.

Contact information for sensitive receptors and features in planning radius:

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

Spill Response

**Note: Immediately call MassDEP’s Emergency Response line at 1-888-304-1133 and your local fire department to report a spill of oil/hazardous material or other environmental emergency.**

Spill response firm contracted to support the facility in the event of a release:

|  |  |
| --- | --- |
| **Name** | **Contact Information** |
|  |  |

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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures

Plan Summary Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Plan Summary Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Each facility should review their emergency preparedness plan with on-site staff on an annual basis and update as needed. In addition, each facility should review their plan and this plan summary annually with the local Fire Department and local Health Director/Board of Health.*