

Facility Questionnaire to Obtain Additional Information for Emergency Planning

LEPCs and TEPCs around the country, when focusing on planning for facilities that store or handle EHSs, have developed questions to submit to those facilities to support the planning process.

Below is a sample questionnaire an LEPC or TEPC may want to ask facilities in their community to complete.

LEPCs and TEPCs have the authority under Section 303 of EPCRA—“Upon request from the emergency planning committee, the owner or operator of the facility shall promptly provide information to such committee necessary for developing and implementing the emergency plan”—to request this information be supplied.

While this provision of the statute is normally interpreted to apply to those facilities with EHSs above the TPQ, LEPCs and TEPCs can also use this information for other facilities that may pose a hazard to the community or responders during an incident. Therefore, LEPCs and TEPCs should encourage other facilities to complete this questionnaire to assist in the planning process.

FACILITY QUESTIONNAIRE

INTRODUCTION

Each facility that has reported an EHS in an amount that exceeds its TPQ as outlined in Section 302 of EPCRA, Chapter 2 of this document, or significant amounts of hazardous chemicals on their Tier II form, is being asked to complete this questionnaire. The questionnaire should benefit your internal emergency planning and will be the first step in a cooperative planning process involving your facility, the local fire department and the LEPC or TEPC.

Additionally, those facilities which store or handle other hazardous chemicals that may be dangerous to the community or responders during an incident are requested to complete this questionnaire. Please complete this (please use N/A in fields normally left blank) and return to:

(LEPC or TEPC organization address or of a representative of LEPC or TEPC) _____.

I. FACILITY IDENTIFICATION						
A. Facility Name:						
B. Dept./Division where hazardous materials are kept:						
C. Street Address:						
D. Between Cross Streets:					and	
E. City:				Zip Code:		
F. Township:			Section #		Range:	
G. Facility Owner/Manager:					Office Phone:	
H. Facility Emergency Coordinator, Alternate, and Phone Numbers						
1. Coordinator Name:						
Home Phone:		Office:		24 Hour Phone:		
2. Alternate Name:						
Home Phone:		Office:		24 Hour Phone:		
I. Nature of Business: Manufacturing Storage Retail Sales Agriculture Other						
II. CHEMICAL INFORMATION						
A. CHEMICAL INVENTORY—Extremely Hazardous Substances						
1. CAS #		Chemical Name				
Storage Location		Method of Storage				
Average Amount		Maximum Amount		Frequency/Method of Shipment		
2. CAS #		Chemical Name				
Storage Location		Method of Storage				
Average Amount		Maximum Amount		Frequency/Method of Shipment		
3. CAS #		Chemical Name				
Storage Location		Method of Storage				
Average Amount		Maximum Amount		Frequency/Method of Shipment		
B. CHEMICAL INVENTORY—Other Chemicals of Concern						
1. CAS #		Chemical Name				
Storage Location		Method of Storage				
Average Amount		Maximum Amount		Frequency/Method of Shipment		
2. CAS #		Chemical Name				
Storage Location		Method of Storage				
Average Amount		Maximum Amount		Frequency/Method of Shipment		
3. CAS #		Chemical Name				
Storage Location		Method of Storage				
Average Amount		Maximum Amount		Frequency/Method of Shipment		
C. Chemical Location Map: Include a facility map(s) illustrating buildings and chemical locations within the buildings.						
III. CHEMICAL RELEASE DETECTION AND PROCEDURES						
Describe facility methods for detecting a release and the procedures followed once a release has been detected						
A. Include equipment (automatic sensors, etc.) that has been installed, or describe the method used to detect releases, e.g., sight and smell by employees or security						
B. Include personnel that have this as one of their duties (security, etc.). Describe the training they have had, their capabilities, 24-hour operations, the procedures they follow, etc.						
C. Describe the steps that take place at the facility once a release is detected. Who is notified? What does this person do?						

IV. OTHER FACILITIES THAT MAY CONTRIBUTE ADDITIONAL RISK
List other facilities nearby which store or manufacture hazardous substances that may be affected by a release causing the situation to escalate.
A. Name of Facility:
B. Address:
C. Telephone Number:
D. Facility Emergency Coordinator:
E. Distance from primary facility:
F. Conditions that may cause additional risk (fire, runoff, and incompatible substances):
V. OTHER AREAS OF CONCERN
List other areas, structures, etc., such as water intakes, drains, sensitive areas, rivers, etc., which could contribute additional risk or be subject to risk due to an incident at this site.
A. Utilities
1. Gas Lines
2. Electric
3. Water Lines
4. Sanitary Sewers
5. Storm Sewers
6. Water Supply Reservoirs
B. Natural Amenities
1. Lakes or Streams
2. Parks
3. Other (schools, daycare, adult care, nursing homes)
C. Artificial Amenities
1. Shopping Malls
2. Hotels
3. Highways or Public Transportation
4. Railroads
5. Airports
6. Other Industries
7. Other
VI. RESPONSE PROCEDURES
Describe briefly the procedures the facility will implement in the event of a release.
VII. NOTIFICATION
A. Describe employee alert and warning procedures.
B. Describe any public alert and warning equipment and procedures available.
C. Describe any ongoing public/employee education process.
VIII. FACILITY EMERGENCY RESOURCES/EQUIPMENT
A. Chemical Emergency Monitoring Equipment Quantity
1. weather instrument
2. radiation detector
3. pH meters (indicate fixed or portable)
4. chlorine kits (A.B.C.)
5. combustible gas indicator
6. oxygen concentration meter
7. colorimetric indicator tubes (e.g., Draeger tubes)
8. other monitoring equipment

B. Personal Protective Equipment					
1. positive pressure respirators					
2. full protective turnout gear					
3. SCBA					
4. SCBA tanks (duration)					
5. boots and gloves					
6. helmets with eye protection					
7. mobile cascade					
8. cascade with compressor					
9. fully encapsulated suits (indicate type)					
10. other					
C. Trained Emergency Response Personnel					
1. first responder awareness					
2. first responder operations					
3. specialist/technician					
4. emergency medical employees					
5. other expertise (chemists, engineers, etc.)					
D. Equipment/Supplies					
1. foam (indicate type)					
2. sand					
3. off-road vehicles					
4. communications vehicles					
5. multi-purpose vehicles					
6. portable radios					
7. rescue squad					
8. EMT					
9. paramedic					
10. fire brigade:					
a) pumper					
b) ladder truck					
c) tanker					
11. Other equipment / supplies:					
E. Is the facility willing to share the above equipment/supplies for an emergency not involving their facility? Equipment and supplies available will be listed in the County Resource Manual.					
Within your community		Yes	No	Within (county name)	
				Yes	No
If yes: which equipment/supplies:					
Does facility expect compensation? (attach any conditions for compensation)				Yes	No
F. Does the facility have training resources/programs?					
1. Staff		Yes	No		
2. Public use		Yes	No		
3. Describe:					
G. Identify additional professional/technical resources that may be called upon by the facility to support regular staff in the event of an accident:					
Name		Organization			
Telephone Home		Telephone Work		Specialty	
H. Identify emergency equipment/supplies facility has made available to community or County. Information can be integrated into the County Resource Manual					

I. Mutual aid agreements the facility has with either private or public emergency response personnel:		
	Company Name	Contact Person Telephone Number
J. Hazardous Materials Standard Operating Procedures (SOP):		
1.	HazMat Emergency Response SOP	
2.	HazMat Decontamination SOP	
3.	HazMat Medical Surveillance SOP	
4.	Other emergency response plans which deal with HazMat	
K. Contractor clean-up companies the facility has identified:		
	Company Name	Contact Person Telephone Number