

**EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA)
SECTION 302 FACILITY QUESTIONNAIRE**

Any facility that has reported an amount equal to or greater than the Threshold Planning Quantity (TPQ) of any "Extremely Hazardous Substance" covered by EPCRA (also known as Title III of the Superfund Amendments and Reauthorization Act of 1986) must cooperate in the preparation of the community emergency plan for hazardous materials. This questionnaire is an initial step in the development of a cooperative planning process involving your facility, local fire department, emergency manager and regional emergency planning committee.

If you require assistance in completing the questionnaire or desire an on-site interview, please contact _____, telephone _____.

I. FACILITY INFORMATION

1. Facility Name: _____
2. Physical Address: _____

Latitude _____ Longitude _____
3. Mailing Address: _____

4. Parent Company: _____
5. Type of Facility (check):
 Wholesale trade Retail trade Manufacturing
 Agriculture Electric, Gas, Sanitary Services
 Education Other _____
6. Facility Emergency Coordinator: Section 303 of EPCRA requires that any facility subject to Section 302 must designate a contact person (facility representative) at the facility. The role of the facility representative is to provide local governments with the necessary data to develop hazardous materials emergency plans.

Coordinator Name: _____
Position: _____
Work Telephone: _____ Home Telephone: _____
7. How many people typically work at or occupy your facility?

8. Does your facility operate on a 24-hour basis? Yes _____ No _____
9. What are your facility's business hours? _____

10. Describe any unusual geographic features or sensitive environmental areas near or at your facility that might affect or alter an emergency response:

11. Briefly describe security measures in place at the facility:_____

12. How frequently are site inspections conducted?_____

13. Briefly describe any incidents or releases that have occurred at this facility:_____

II. HAZARDOUS MATERIALS INFORMATION

1. Please list the Extremely Hazardous Substances (EHSs) Section 302 chemicals that your facility has above the Threshold Planning Quantity (TPQ) (if there are more than five EHSs above TPQ present on-site, please photocopy this form as necessary and complete for all EHSs):

EHS Chemical #1-Name:_____ CAS Number:_____
Trade name of chemical or mixture, if known:_____

Where is chemical used and stored?

EHS Chemical #2-Name:_____ CAS Number:_____
Trade name of chemical or mixture, if known:_____

Where is chemical used and stored?

EHS Chemical #3-Name:_____ CAS Number:_____
Trade name of chemical or mixture, if known:_____

Where is chemical used and stored?

EHS Chemical #4-Name: _____ CAS Number: _____
 Trade name of chemical or mixture, if known: _____

Where is chemical used and stored?

EHS Chemical #5-Name: _____ CAS Number: _____
 Trade name of chemical or mixture, if known: _____

Where is chemical used and stored?

2. For each of the Extremely Hazardous Substances (EHSs) listed on the previous page, please provide the following information (use additional sheets as necessary):

	#1	#2	#3	#4	#5
a. Largest individual shipment of EHS chemical or its mixture in pounds	_____	_____	_____	_____	_____
b. Largest container size or group of interconnected containers of EHS chemical or its mixture in pounds	_____	_____	_____	_____	_____
c. If mixture reported in b above, indicate from material safety data sheet weight percentage of EHS chemical	_____ %	_____ %	_____ %	_____ %	_____ %
d. Maximum amount of EHS chemical present on-site at any given time, in pounds	_____	_____	_____	_____	_____
e. Temperature at which EHS is stored	_____	_____	_____	_____	_____
f. Temperature at which EHS is handled	_____	_____	_____	_____	_____
g. If at your facility for only part of year, indicate which months	_____	_____	_____	_____	_____
h. How often is this	_____	_____	_____	_____	_____

chemical shipped to
and/or from the
facility? _____

3. What transportation method(s) are used for shipment of each EHS?

	<u>#1</u>	<u>#2</u>	<u>#3</u>	<u>#4</u>	<u>#5</u>
a. Road	_____	_____	_____	_____	_____
Cargo Tank	_____	_____	_____	_____	_____
Semi Van	_____	_____	_____	_____	_____
Straight Van	_____	_____	_____	_____	_____
b. Air	_____	_____	_____	_____	_____
c. Rail	_____	_____	_____	_____	_____
d. Pipe Line	_____	_____	_____	_____	_____
e. Water	_____	_____	_____	_____	_____

4. What are the primary routes used to transport Extremely Hazardous Substances to your facility?

5. What type of container is used to store each EHS?

	<u>#1</u>	<u>#2</u>	<u>#3</u>	<u>#4</u>	<u>#5</u>
a. Cylinder	_____	_____	_____	_____	_____
b. Tank	_____	_____	_____	_____	_____
c. Drum	_____	_____	_____	_____	_____
d. Jug	_____	_____	_____	_____	_____
e. Can	_____	_____	_____	_____	_____
f. Bag	_____	_____	_____	_____	_____
g. Box	_____	_____	_____	_____	_____
h. Other (please specify)	_____	_____	_____	_____	_____

6. Are any containers located in a diked area? Yes _____ No _____

7. If yes, what is the square footage of the area? _____

8. Please list the CAS numbers for any additional EHSs present on-site which are below TPQ: _____

III. METHODS AND PROCEDURES TO RESPOND TO EMERGENCIES

1. Should an accidental release of hazardous materials occur at your facility, how would such a release be detected? (i.e., employee observation, special monitoring equipment)

2. Does your facility have a written emergency plan that covers hazardous materials response?
Yes_____ No_____

3. Does your facility have a plan for the evacuation of employees and other occupants?
Yes_____ No_____

4. Is on-site emergency response equipment available to provide on-site initial response efforts?
Yes_____ No_____

5. a. Are on-site trained personnel available to provide on-site initial response efforts?
Yes_____ No_____

b. If yes, please briefly describe type and level of training:

c. What percentage of personnel are trained in initial response?_____%

6. Do you have written pre-planned emergency protocols established with:

a. Fire Yes_____ No_____

b. Police Yes_____ No_____

c. Emergency Medical Services
(ex. ambulance, etc.) Yes_____ No_____

d. Hospital(s) Yes_____ No_____

e. Utility
(ex. sewers, gas, etc.) Yes_____ No_____

f. Clean-up contractors Yes_____ No_____

g. Mutual aid with other facilities Yes_____ No_____

h. Other (list):_____

IV. NOTIFICATION

1. Describe alert and warning procedures and equipment:
 - a. On-Site: _____

 - b. Off-Site: _____

2. Have you worked with your local community in developing these procedures? Yes _____
No _____
3. Do you provide training exercises on emergency procedures for:

Employees	Yes _____	No _____
Local First Responders	Yes _____	No _____
Public	Yes _____	No _____

V. DESCRIPTION OF EMERGENCY EQUIPMENT/RESOURCES

1. What chemical emergency monitoring equipment do you have?

Weather equipment _____
pH meters (indicate fixed or portable) _____
Combustible gas indicator _____
Colormetric indicator tubes (i.e., draeger tubes) _____
Radiation detector _____
Chlorine kits (A.B.C.) _____
Oxygen concentration meter _____
Organic vapor monitor _____
Other: _____

2. What personnel protective equipment do you have (how many)?

Positive pressure respirators _____
Self-contained breathing apparatus (SCBA) _____
SCBA tanks (duration) _____
Mobile cascade _____
Cascade with compressor _____
Fully encapsulated suits (indicate type) _____
Full protective turnout gear _____
Boots and gloves _____
Helmets with eye protection _____
Other: _____

3. Which of the following equipment/supplies do you have (quantity)?

Foam (indicate type) _____

Sand _____

Other absorbents (indicate type) _____

Fire equipment/Personnel:

Pumper _____

Ladder truck _____

Tanker _____

Rescue squad _____

EMT _____

Paramedic _____

Other: _____

Off-road vehicles _____

Communication vehicles _____

Multi-purpose vehicles _____

Other: _____

4. Other Equipment/Supplies: _____

5. Identify additional professional/technical resources that may be called upon by the facility to support regular staff in the event of an incident:

Name	Organization	Telephone:(Home/Work)	Specialty
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Please return the questionnaire to: