

**JACKSON COUNTY LOCAL EMERGENCY PLANNING COMMITTEE**

Jackson County, Mississippi, USA

Document Name

Date

Doc No.

**FACILITY INFORMATION**

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**I FACILITY INFORMATION**                      **Revision Date** \_\_\_/\_\_\_/\_\_\_

1. **Facility Name:** \_\_\_\_\_

2. Type of Facility (check):  
\_\_\_\_\_ Wholesale trade                      \_\_\_\_\_ Retail trade  
\_\_\_\_\_ Manufacturing  
\_\_\_\_\_ Agriculture                      \_\_\_\_\_ Electric, Gas, Sanitary Services  
\_\_\_\_\_ Education                      \_\_\_\_\_ Other \_\_\_\_\_

3. ERC Identification Number: NA \_\_\_\_\_

4. Street Address: \_\_\_\_\_  
\_\_\_\_\_

5. Facility Emergency Coordinator, and Alternate (Facilities which have a 24 hr. phone number for after hours contact with personnel may list that number in lieu of separate work and home numbers.)

a. Coordinator Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

b. Alternate Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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5. How many people typically work at or occupy your facility?

Days \_\_\_\_\_ Nights & Weekends : \_\_\_\_\_

6. Does your facility operate on a 24-hour basis?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

9. Does the facility have any regulated quantity of chemicals covered by the RMP regulation? \_\_\_\_\_

- If yes, has the RMP been submitted? \_\_\_\_\_
- Has the public meeting been held (Date and Location): \_\_\_\_\_

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**II HAZARDOUS MATERIALS INFORMATION**

1. Please list the Extremely Hazardous Substances (EHS) Section 302 chemicals that your facility has on-site. A list of the substances defined as "Extremely Hazardous" is attached. (A copy of your facility's most recent Tier II report identifying the extremely hazardous substances on site may be attached in lieu of completing this section.)

EHS Chemical # \_\_\_\_\_ -Name: \_\_\_\_\_

CAS Number: \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Solid \_\_\_\_\_ Liquid \_\_\_\_\_ Gas \_\_\_\_\_ Pure \_\_\_\_\_ In mixture

Where is chemical used and stored? (Attach a site plan or leave blank if confidential)

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

EHS Chemical # \_\_\_\_\_ -Name: \_\_\_\_\_

CAS Number: \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Solid \_\_\_\_\_ Liquid \_\_\_\_\_ Gas \_\_\_\_\_ Pure \_\_\_\_\_ In mixture

Where is chemical used and stored? (Attach a site plan or leave blank if confidential)

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

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EHS Chemical # \_\_\_\_\_ -Name: \_\_\_\_\_

CAS Number: \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Solid \_\_\_\_\_ Liquid \_\_\_\_\_ Gas \_\_\_\_\_ Pure \_\_\_\_\_ In mixture

Where is chemical used and stored? (Attach a site plan or leave blank if confidential)

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

EHS Chemical # \_\_\_\_\_ -Name: \_\_\_\_\_

CAS Number: \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Solid \_\_\_\_\_ Liquid \_\_\_\_\_ Gas \_\_\_\_\_ Pure \_\_\_\_\_ In mixture

Where is chemical used and stored? (Attach a site plan or leave blank if confidential)

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

EHS Chemical # \_\_\_\_\_ -Name: \_\_\_\_\_

CAS Number: \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Solid \_\_\_\_\_ Liquid \_\_\_\_\_ Gas \_\_\_\_\_ Pure \_\_\_\_\_ In mixture

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Where is chemical used and stored? (Attach a site plan or leave blank if confidential)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Use additional Copies of this page as needed*

2. For each of the Extremely Hazardous Substances (EHS) listed on the previous page(s), please provide the following information.

Item Numbers from Prior Page:	# ___	# ___	# ___	# ___
a. Largest individual shipment of EHS chemical or its mixture (pounds, gallons or cubic ft) Specify units.				
b. Largest container size or group of interconnected containers of EHS chemical or its mixture (pounds, gallons or cubic ft) Specify units				
c. If mixture reported in a and b of above, indicate from material safety data sheet weight percentage of EHS chemical				
d. Maximum amount of EHS chemical stored (pounds, gallons or cubic ft) Specify units				
e. If at your facility for only part of year, indicate which months				

3. Are any containers located in a diked area?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

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

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TRANSPORTATION METHOD USED FOR SHIPMENT OF EHS				
	#	#	#	#
a. Road				
Cargo Tank				
Semi Van				
Straight Van				
b. Air				
c. Rail				
d. Pipe Line				
e. Water				

5. What are the primary routes used to transport extremely hazardous substances to your facility?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. What are the secondary routes used to transport extremely hazardous substances to your facility?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Has a hazard analysis been prepared for your facility, which would define potential populations affected by an on-site chemical emergency?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

8. Has a hazard analysis been prepared by your facility, which would define potential populations affected by a transportation related chemical emergency of inbound or outbound hazardous materials?

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\_\_\_\_\_ Yes \_\_\_\_\_ No

9. Would your facility manage or voluntarily modify primary or secondary transportation routes to minimize the population centers to potential exposures from transportation related incident if requested by the LEPC or the Local Emergency Management Agency?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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**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

a. If no, would you like assistance in preparing an Emergency Plan?

\_\_\_\_\_ 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. Are on-site trained personnel available to provide on-site initial response efforts?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

6. Do you have written preplanned Emergency Protocols established with:

a. Fire \_\_\_\_\_ Yes \_\_\_\_\_ No

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b. Police \_\_\_\_\_ Yes \_\_\_\_\_ No

c. Emergency Medical Services  
(i.e., ambulance) \_\_\_\_\_ Yes \_\_\_\_\_ No

d. Hospital(s) \_\_\_\_\_ Yes \_\_\_\_\_ No

e. Utility  
(i.e., power, gas, water) \_\_\_\_\_ Yes \_\_\_\_\_ No

f. Clean-up contractors \_\_\_\_\_ Yes \_\_\_\_\_ No

g. Mutual aid with other facilities \_\_\_\_\_ Yes \_\_\_\_\_ No

h. Other (list)

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

7. a. Does your facility have the capability for responding to off-site emergencies?

\_\_\_\_\_ Yes \_\_\_\_\_ No

b. If yes, is this limited to the company's products?

\_\_\_\_\_ Yes \_\_\_\_\_ No

8. a. Does your facility have a plan for responding to off-site emergencies?

\_\_\_\_\_ Yes \_\_\_\_\_ No

b. If yes, is this limited to the company's products?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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**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

Please describe:

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

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**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: \_\_\_\_\_

Colorimetric indicator tubes (i.e. Draeger tubes): \_\_\_\_\_

Radiation detector: \_\_\_\_\_

— Chlorine kits (A.B.C.): \_\_\_\_\_

Oxygen concentration meter: \_\_\_\_\_

Organic Vapor Monitor: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What chemical emergency monitoring equipment do you have? Indicate the location on site map by using "PPE" (Personal Protective Equipment)

Positive pressure respirators: \_\_\_\_\_

— Self-Contained breathing apparatus (SCBA): \_\_\_\_\_

SCBA tanks (duration): \_\_\_\_\_

Mobile cascade: \_\_\_\_\_

Cascade with compressor: \_\_\_\_\_

Fully encapsulated suits (indicate type): \_\_\_\_\_

Full protection turnout gear \_\_\_\_\_

Boots and gloves: \_\_\_\_\_

Helmets with eye protection: \_\_\_\_\_

— Other: \_\_\_\_\_

3. Which of the following equipment/supplies do you have (quantity)? Indicate location on site map by using "ERE" (Emergency Response Equipment).

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Foam (indicate type): \_\_\_\_\_

Sand: \_\_\_\_\_

Other adsorbents (indicate type): \_\_\_\_\_

**Fire equipment:**

Pumper \_\_\_\_\_

Ladder truck: \_\_\_\_\_

Tanker: \_\_\_\_\_

Rescue squad: \_\_\_\_\_

EMT: \_\_\_\_\_

Paramedic: \_\_\_\_\_

Other: \_\_\_\_\_

Off-road vehicles: \_\_\_\_\_

Communication vehicle: \_\_\_\_\_

Multipurpose vehicles: \_\_\_\_\_

Other: \_\_\_\_\_

4. Other Equipment / Supplies:

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

5. Would you be willing to share your equipment / supplies on a reimbursable basis?

\_\_\_\_\_ Yes \_\_\_\_\_ No

6. 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	Phone: Home/Work	Specialty
------	--------------	------------------	-----------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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\_\_\_\_\_  
\_\_\_\_\_  
  
**Please complete the Emergency Response / Mutual Aid Resources form in order to provide the emergency responders and the LEPC a quick reference document for an emergency response to your facility.**

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**IV OTHER CHEMICALS**

Please list chemicals that are not on the EHS list, but "can pose a significant threat to employees, the community, or the environment". Examples: Gasoline tanks, flammable liquids, flammable materials, insecticides/pesticides, etc. Also include their location on your site map. You may attach a separate reporting list instead of filling out this section.

Chemical #1 - Name \_\_\_\_\_ CAS Number: \_\_\_\_\_

Where is chemical used and stored: \_\_\_\_\_

\_\_\_\_\_

Chemical #2 - Name \_\_\_\_\_ CAS Number: \_\_\_\_\_

Where is chemical used and stored: \_\_\_\_\_

\_\_\_\_\_

Chemical #3 - Name \_\_\_\_\_ CAS Number: \_\_\_\_\_

Where is chemical used and stored: \_\_\_\_\_

\_\_\_\_\_

Chemical #4 - Name \_\_\_\_\_ CAS Number: \_\_\_\_\_

Where is chemical used and stored: \_\_\_\_\_

\_\_\_\_\_

Chemical #5 - Name \_\_\_\_\_ CAS Number: \_\_\_\_\_

Where is chemical used and stored: \_\_\_\_\_

\_\_\_\_\_

Chemical #6 - Name \_\_\_\_\_ CAS Number: \_\_\_\_\_

Where is chemical used and stored: \_\_\_\_\_

\_\_\_\_\_

Chemical #7 - Name \_\_\_\_\_ CAS Number: \_\_\_\_\_

Where is chemical used and stored: \_\_\_\_\_

\_\_\_\_\_

Chemical #8 - Name \_\_\_\_\_ CAS Number: \_\_\_\_\_

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Where is chemical used and stored: \_\_\_\_\_

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**Please return the questionnaire to:**

**Hard Copies**

**Attn: Updates  
Jackson County LEPC  
C/O Jackson County EMA  
600 Convent Ave.  
Pascagoula, MS 39567**

**Electronic Files**

**tieriisubmit@jclepc.org**

**Regulatory Reminders:**

Under SARA III Section 311-312, Community Right -to-Know Requirements, the TIER II and TIER I reports are due **March 1<sup>st</sup>** each year if your facility had the threshold planning quantity of a listed chemical at your facility during the prior year. The reports must be submitted to the LEPC, Fire Department having jurisdiction, and the SERC. (The Jackson County LEPC is requesting the data be submitted in both paper and electronic form if available. The EPA publishes software for Tier II reporting which will facilitate the transfer of the chemical information into the CAMEO software package which is used locally for planning and emergency response to chemical related incidents in Jackson County.) Tier II Reporting Software: <http://www.epa.gov/swercepp/tier2.htm>

Any facility that has present, a listed hazardous or extremely hazardous chemical in a quantity equal to or greater than its threshold planning quantity, is subject to the emergency planning requirements. Covered facilities must notify the SERC and the LEPC within 60 days after they begin to have present any of the extremely hazardous substances in an amount equal to or in excess of the threshold planning quantities. (References: 40 CFR 355, 40 CFR 302, 40 CFR 372) See the Sara Title III List of List for assistance in evaluating your chemical inventories.

If your facility is a RCRA LQG, please forward a copy of your current RCRA Contingency Plan to the LEPC as required under 40 CFR 265.53 (b). Please provide updated material to the LEPC whenever the contingency plan or its contents change. Please forward a copy of your current emergency response resource list as required under 40 CFR 265.52 (e). Please update the LEPC whenever the equipment list changes.

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Note to Submitters: The Jackson County LEPC is trying to collect as much of the reporting in electronic form to facilitate the data management for emergency planning purposes. Your assistance is appreciated in this matter and all information will be treated as business confidential or sensitive security information as appropriate and needed.