

RISK MANGEMENT PLAN FORM

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Expiration Date **XX/XX/XXXX**

Risk Management Plan Form

Section 112(r) of the Clean Air Act

Control Number 2050-0144

IMPORTANT: Type or print; read instructions before completing form.

| | |
|---|--|
| <p>Submission Type:</p> <p><input type="checkbox"/> First-Time RMP Submission</p> <p><input type="checkbox"/> Correction to the Current RMP</p> <p>(Submission Type = "C")</p> <ul style="list-style-type: none"> C01 Clerical error corrected C02 Additional information supplied C03 Minor administrative change C04 Notification of facility ownership change C05 New accident history information C06 Change in emergency contact information C07 New data element required by EPA C08 Optional data element requested by EPA C09 Removed OCA description from executive summary <p><input type="checkbox"/> Re-Submission (all 9 sections are updated and certified)</p> <p>(Submission Type = "R")</p> <ul style="list-style-type: none"> R01 Newly regulated substance listed by EPA (40 CFR 68.190(b)(2)) R02 Newly regulated substance above TQ in already covered process (40 CFR 68.190(b)(3)) R03 Regulated substance present above TQ in new (or previously not covered) process (40 CFR 68.190(b)(4)) R04 Revised PHA / Hazard Review due to process change (40 CFR 68.190(b)(5)) R05 Revised OCA due to change (40 CFR 68.190(b)(6)) R06 Change in program level of covered process (40 CFR 68.190(b)(7)) R07 5-year update (40 CFR 68.190(b)(1)) R08 Process no longer covered (source has other processes that remain covered) (40 CFR 68.190(b)(7)) R09 Voluntary update (not described by any of the above reasons) | <p>Where to Send Completed Forms:</p> <p>U.S. Environmental Protection Agency Attention:RMP Reporting Center P.O. Box 10162 Fairfax, VA 22038</p> <p>If you prefer to send this Risk Management Plan Form by certified mail, courier or overnight mail (e.g. Fed Ex, UPS, Etc.), please address it to:</p> <p>RMP Reporting Center c/o CGI Federal, Inc. 12601 Fairlakes Circle Fairfax, VA 22033</p> |
|---|--|

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)



Executive Summary
(attach a separate piece of paper if you need additional space)

A large rectangular box with a black border, containing 15 horizontal lines for text entry.

Facility Name: _____

1

Section 1. Registration

EPA Facility ID# (leave blank for first submission only)

1.1 Source Identification

| |
|---|
| 1.1.a. Facility Name (maximum 50 characters) |
| 1.1.b. Parent Company #1 Name (maximum 50 characters) |
| 1.1.c. Parent Company #2 Name (maximum 50 characters) |

| |
|---|
| 1.2 EPA Facility Identifier (12 characters) |
| _____ |
| (leave blank for first submission only) |

| |
|---|
| 1.3 Other EPA Systems Facility Identifier (15 characters) |
| _____ |

1.4 Dun and Broadcast Numbers (DUNS) (9 characters)

| | | |
|----------------------|------------------------------|-------------------------------|
| 1.4.a. Facility DUNS | 1.4.b Parent Company #1 DUNS | 1.4.c. Parent Company #2 DUNS |
| _____ | _____ | _____ |

1.5 Facility Location

| | |
|--|---|
| 1.5.a. Street - Line 1 (maximum 35 characters) | |
| 1.5.b. Street - Line 2 (maximum 35 characters) | |
| 1.5.c. City (maximum 19 Characters) | 1.5.d. State |
| 1.5.e. Zip Code Zip +4 Code | 1.5.f. County (maximum 20 characters) |
| _____ | _____ |
| 1.5.g. Facility Latitude (report in decimal degrees) | 1.5.h. Facility Longitude (report in decimal degrees) |
| _____ | _____ |
| 1.5.i. Method for determining Lat/Long (see User Manual for Codes) | 1.5.j. Description of location identified by Lat/Long (see User Manual for Codes) |
| _____ | _____ |
| 1.5.k. Horizontal accuracy measure (meters) | 1.5.l. Horizontal reference datum code |
| _____ | _____ |
| 1.5.m. Source Map Scale Number _____ | |

Facility Name: _____

EPA Facility ID# (leave blank for first submission only)

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Section 1. Registration

1.6 Owner or Operator

| | |
|-------------------------------------|-------------|
| 1.6.a. Name (maximum 35 characters) | |
| | |
| 1.6.b. Phone | () - |

Owner or Operator Mailing Address

| | |
|--|------------------|
| 1.6.c. Street - Line 1 (maximum 35 characters) | |
| | |
| 1.6.d. Street - Line 2 (maximum 35 characters) | |
| | |
| 1.6.e. City (maximum 19 characters) | 1.6.f. State |
| 1.6.g. Zip Code Zip +4 Code | |

1.7 Name, title, and email address of person or position responsible for RMP (part 68) implementation

| | |
|--|--|
| 1.7.a. Name of person (maximum 35 characters) | 1.7.b. Title of person or position (maximum 35 characters) |
| | |
| 1.7.c. Email address of person or position (maximum 35 characters) | |
| | |

1.8.a. Emergency Contact

| | |
|--|--|
| 1.8.a. Name (maximum 35 characters) | 1.8.b. Title of person or position (maximum 35 characters) |
| | |
| 1.8.c. Phone () - | 1.8.d. 24-Hour Phone () - |
| 1.8.e. 24-Hour Phone Extension/PIN # (maximum 10 characters) | |
| | |
| 1.8.f. Email address for emergency contact (maximum 100 characters) <i>Enter N/A if not applicable</i> | |
| | |

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

1

Section 1. Registration

1.9. Other Points of Contact (Optional)

| | |
|---|--|
| 1.9.a. Facility or Parent Company E-mail Address (maximum 100 characters) | 1.9.b. Facility Public Contact Phone Number (____) ____ - _____ |
| 1.9.c. Facility or Parent Company WWW Homepage Address (maximum 100 characters) | |

1.10 Local Emergency Planning Committee (LEPC) (optional) (maximum 30 characters)

1.11 Number of full-time equivalent (FTEs) employees on site

1.12. Covered by (select all that apply)

1.12.a. OSHA PSM

1.12.b. EPCRA section 302

1.12.c. CAA Title V Air Operating Permit Program. If covered, specify permit ID# below.

1.13. OSHA Star or Merit Ranking (optional) YES NO

1.14. Last Safety Inspection (by an External Agency) Date _____
MM DD YYYY

1.15. Last Safety Inspection Performed by an External Agency (select one)

| | |
|---|--|
| <input type="checkbox"/> 1.15.a. OSHA | <input type="checkbox"/> 1.15.f. Never had one |
| <input type="checkbox"/> 1.15.b. State occupational safety agency | <input type="checkbox"/> 1.15.g. Other (specify) (maximum 50 characters) |
| <input type="checkbox"/> 1.15.c. EPA | _____ |
| <input type="checkbox"/> 1.15.d. State Environmental Agency | _____ |
| <input type="checkbox"/> 1.15.e. Fire Department | _____ |

1.16. Will this RMP involve Predictive Filing? (Optional) YES No

Facility Name: _____

EPA Facility ID# (leave blank for first submission only)

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Section 1. Registration

1.17 Process Specific Information. For each covered process, fill in this page. If you are reporting more than one process, make a photocopy of this page and report each process on a separate sheet.

| |
|--|
| Process ID# (optional - for your reference only) |
| Process Description (optional - for your reference only) |
| 1.17.a. Program Level (select one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 1.17.b. NAICS Code(s) (five or six digits) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ _____ </div> |

1.17.c. Chemical(s) (regulated substance(s))

| 1.17.c.1. Name (maximum 100 characters) | 1.17.c.2. CAS Number (10 characters) | 1.17.c.3. Quantity (lbs) (max. 12 chars.) |
|---|--------------------------------------|---|
| | _____ | |
| | _____ | |
| | _____ | |
| | _____ | |
| | _____ | |
| | _____ | |
| | _____ | |
| | _____ | |
| | _____ | |
| | _____ | |

If you need more space to list NAICS codes or chemicals, please make a photocopy of this sheet.

Facility Name: _____

EPA Facility ID# (leave blank for first submission only)

1

Section 1. Registration

If an outside contractor prepared this risk management plan, please enter information concerning this contractor in the fields below.

1.18 RMP Preparer Information

| | | |
|---|--|---------------------------------------|
| 1.18.a. Name (maximum 70 characters) | | |
| 1.18.b. Phone (_____) _____ - _____ | | |
| 1.18.c. Street - Line 1 (maximum 35 characters) | | |
| 1.18.d. Street - Line 2 (maximum 35 characters) | | |
| 1.18.e. City (Maximum 30 characters) | | |
| 1.18.f. State _____ or Foreign State or Province (Maximum 35 characters) | 1.18.g. Zip Code _____ Zip+ 4 Code _____ | or Foreign Country (Max 2 characters) |
| 1.18.h. RMP Preparer Foreign Zip Code | | |

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

2

Section 2. Toxics: Worst Case

(If you need to report more than one worst case scenario, make a photocopy of pages in this section and report each scenario separately)

2.1. Chemical

2.1.a. Name (maximum 100 characters)

2.1.b. Percent weight of chemicals (if in a mixture) _____ %

2.2. Physical state (select one)

- 2.2.a. Gas
- 2.2.b. Liquid

- 2.2.c. Gas liquified by pressure
- 2.2.d. Gas liquified by refrigeration

2.3. Model Used (select one or enter another model name in Other below)

- 2.3.a. EPA's OCA Guidance Reference Tables or Equations
- 2.3.b. EPA's RMP Guidance for Ammonia Refrigeration Reference Tables or Equations
- 2.3.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations
- 2.3.e. EPA's RMP Guidance for Warehouses Reference Tables or Equations
- 2.3.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations
- 2.3.g. EPA's RMP* Comp™
- 2.3.h. Areal Locations of Hazardous Atmospheres (ALOHA®)
- 2.3.z. Other model (specify) (maximum 255 characters)

2.4. Scenario (select one)

- 2.4.a. Gas Release
- 2.4.b. Liquid Spill and Vaporization

2.5. Quantity released (lbs) _____

2.6. Release rate (lbs/minute) _____

2.7. Release duration (minutes) _____

2.8. Wind speed (meters/second) _____

2.9. Atmospheric stability class (A-F) _____

2.10. Topography (select one)

- 2.10.a. Urban
- 2.10.b. Rural

2.11. Distance to endpoint (miles) _____

Facility Name: _____



2

Section 2. Toxics: Worst Case

EPA Facility ID# (leave blank for first submission only)

2.12. Estimated residential population within distance to endpoint (numeric)
_____, _____, _____

2.13. Public receptors within distance to endpoint (select all that apply)

| | |
|--|---|
| <input type="checkbox"/> 2.13.a. Schools | <input type="checkbox"/> 2.13.g. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 2.13.b. Residences | _____ |
| <input type="checkbox"/> 2.13.c. Hospitals | _____ |
| <input type="checkbox"/> 2.13.d. Prison/Correctional Facilities | _____ |
| <input type="checkbox"/> 2.13.e. Recreation Areas | _____ |
| <input type="checkbox"/> 2.13.f. Major commercial, office, or industrial areas | _____ |

2.14. Environmental receptors within distance to endpoint (select all that apply)

| | |
|--|---|
| <input type="checkbox"/> 2.14.a. National or State Parks, Forests, or Monuments | <input type="checkbox"/> 2.14.d. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 2.14.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges | _____ |
| <input type="checkbox"/> 2.14.c. Federal Wilderness Area | _____ |

2.15. Passive mitigation considered (select all that apply)

| | |
|---|---|
| <input type="checkbox"/> 2.15.a. Dikes | <input type="checkbox"/> 2.15.f. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 2.15.b. Enclosures | _____ |
| <input type="checkbox"/> 2.15.c. Berms | _____ |
| <input type="checkbox"/> 2.15.d. Drains | _____ |
| <input type="checkbox"/> 2.15.e. Sumps | _____ |

2.16. Graphics file name (optional) (maximum 12 characters)

Facility Name: _____

3

Section 3. Toxics: Alternative Release

EPA Facility ID# (leave blank for first submission only)

(If you need to report more than one alternative release scenario, make a copy of pages in this section and report each scenario separately)

3.1. Chemical

| |
|---|
| 3.1.a. Name (maximum 100 characters) |
| 3.1.b. Percent weight of chemical (if in a mixture) _____ % |

3.2. Physical State (select one)

| | |
|--|--|
| <input type="checkbox"/> 3.2.a. Gas | <input type="checkbox"/> 3.2.c. Gas liquified by pressure |
| <input type="checkbox"/> 3.2.b. Liquid | <input type="checkbox"/> 3.2.d. Gas liquified by refrigeration |

3.3. Model Used (select one or enter another model name in Other below)

| |
|---|
| <input type="checkbox"/> 3.3.a. EPA's OCA Guidance Reference Tables or Equations |
| <input type="checkbox"/> 3.3.b. EPA's RMP Guidance for Ammonia Refrigeration Reference Tables or Equations |
| <input type="checkbox"/> 3.3.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations |
| <input type="checkbox"/> 3.3.e. EPA's RMP Guidance for Warehouse Reference Tables or Equations |
| <input type="checkbox"/> 3.3.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations |
| <input type="checkbox"/> 3.3.g. EPA's RMP*Comp™ |
| <input type="checkbox"/> 3.3.h. Areal Locations of Hazardous Atmospheres (ALOHA®) |
| <input type="checkbox"/> 3.3.z. Other model (specify) (maximum 200 characters) |
| _____ |

3.4. Scenario (select one)

| | |
|---|---|
| <input type="checkbox"/> 3.4.a. Transfer hose failure | <input type="checkbox"/> 3.4.f. Excess Flow Device Failure |
| <input type="checkbox"/> 3.4.b. Pipe Leak | <input type="checkbox"/> 3.4.g. Other (specify) (maximum 35 characters) |
| <input type="checkbox"/> 3.4.c. Vessel Leak | _____ |
| <input type="checkbox"/> 3.4.d. Overfilling | _____ |
| <input type="checkbox"/> 3.4.e. Rupture disk/relief valve failure | |

| | |
|--|---------------------------------------|
| 3.5. Released (lbs) _____ | 3.6. Release Rate (lbs/minute) _____ |
| 3.7. Release Duration (minutes) _____ | 3.8. Wind Speed (meters/second) _____ |
| 3.9. Atmospheric stability class (A-F) _____ | |

Facility Name: _____

3

Section 3. Toxics: Alternative Release

EPA Facility ID# (leave blank for first submission only)

(If you need to report more than one alternative release scenario, make a copy of pages in this section and report each scenario separately)

3.10. Topology (select one) 3.10.a. Urban 3.10.b. Rural

3.11. Distance to endpoint (miles) _____ . _____

3.12. Estimated residential population within distance to endpoint _____ , _____ , _____

3.13. Public receptors within distance to endpoint (select all that apply)

| | |
|--|--|
| <input type="checkbox"/> 3.13.a. Schools | <input type="checkbox"/> 3.13.e. Recreation Areas |
| <input type="checkbox"/> 3.13.b. Residences | <input type="checkbox"/> 3.13.f. Major commercial, office, or industrial areas |
| <input type="checkbox"/> 3.13.c. Hospitals | <input type="checkbox"/> 3.13.g. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 3.13.d. Prisons/Correctional facilities | _____ |

3.14. Environmental receptors within distance to endpoint (select all that apply)

| | |
|--|---|
| <input type="checkbox"/> 3.14.a. National or State Parks, Forests, or Monuments | <input type="checkbox"/> 3.14.d. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 3.14.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges | _____ |
| <input type="checkbox"/> 3.14.c. Federal Wilderness Area | _____ |

3.15. Passive mitigation considered (select all that apply)

| | |
|---|---|
| <input type="checkbox"/> 3.15.a. Dikes | <input type="checkbox"/> 3.15.e. Sumps |
| <input type="checkbox"/> 3.15.b. Enclosures | <input type="checkbox"/> 3.15.f. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 3.15.c. Berms | _____ |
| <input type="checkbox"/> 3.15.d. Drains | _____ |

3.16. Active mitigation considered (select all that apply)

| | |
|--|---|
| <input type="checkbox"/> 3.16.a. Sprinkler systems | <input type="checkbox"/> 3.16.g. Scrubbers |
| <input type="checkbox"/> 3.16.b. Deluge systems | <input type="checkbox"/> 3.16.h. Emergency shutdown systems |
| <input type="checkbox"/> 3.16.c. Water curtain | <input type="checkbox"/> 3.16.i. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 3.16.d. Neutralization | _____ |
| <input type="checkbox"/> 3.16.e. Excess flow valve | _____ |
| <input type="checkbox"/> 3.16.f. Flares | _____ |

3.17. Graphics file name (optional) (maximum 12 characters)

Facility Name: _____

EPA Facility ID# (leave blank for first submission only)

4

Section 4. Flammables: Worst Case

(If you need to report more than one worst-case scenario, make a photocopy of pages in this section and report each scenario separately)

4.1.a. Chemical Name (maximum 100 characters)

4.2. Model Used (select one or enter another model name in Other below)

- 4.2.a. EPA's OCA Guidance Reference Tables or Equations
- 4.2.c. EPA's RMP Guidance for Ammonia Refrigeration Reference Tables or Equations
- 4.2.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations
- 4.2.e. EPA's RMP Guidance for Warehouse Reference Tables or Equations
- 4.2.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations
- 4.2.g. EPA's RMP*Comp™
- 4.2.z. Other model (specify) (maximum 235 characters)

4.3. Scenario (only one option)

Vapor Cloud Explosion

| | |
|------------------------------|--------------------------------------|
| 4.4. Quantity released (lbs) | 4.5. Endpoint Used (only one option) |
| _____ | 1 PSI |

| | |
|-----------------------------------|---|
| 4.6. Distance to endpoint (miles) | 4.7. Estimated residential population within distance to endpoint |
| _____ . _____ | ____ , _____ , _____ |

4.8. Public Receptors within distance to endpoint (select all that apply)

| | |
|---|---|
| <input type="checkbox"/> 4.8.a. Schools | <input type="checkbox"/> 4.8.f. Major commercial, office, or industrial areas |
| <input type="checkbox"/> 4.8.b. Residences | <input type="checkbox"/> 4.8.g. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 4.8.c. Hospitals | _____ |
| <input type="checkbox"/> 4.8.d. Prisons/Correctional facilities | _____ |
| <input type="checkbox"/> 4.8.e. Recreation Areas | |

4.9. Environmental receptors within distance to endpoint (select all that apply)

| | |
|---|--|
| <input type="checkbox"/> 4.9.a. National or State Parks, Forests, or Monuments | <input type="checkbox"/> 4.9.d. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 4.9.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges | _____ |
| <input type="checkbox"/> 4.9.c. Federal Wilderness Area | _____ |

Facility Name: _____

EPA Facility ID# (leave blank for first submission only)

4

Section 4. Flammables: Worst Case

4.10. Passive mitigation considered (select all that were considered in defining the release quantity or rate for the worst-case scenario)

4.10.a. Blast walls

4.10.b. Other (specify) (maximum 200 characters)

4.11. Graphics file name (optional) (maximum 12 characters)

Facility Name: _____

EPA Facility ID# (leave blank for first submission only)

5

Section 5. Flammables: Alternative Release

(If you need to report more than one alternative release scenario, make a photocopy of pages in this section and report each scenario separately)

5.1. Chemical Name (maximum 100 characters)

5.2. Model Used (select one or enter another model name in Other below)

- 5.2.a. EPA's OCA Guidance Reference Tables or Equations
- 5.2.c. EPA's RMP Guidance for Propane Storage Reference Tables or Equations
- 5.2.d. EPA's RMP Guidance for Waste Water Treatment Plants Reference Tables or Equations
- 5.2.e. EPA's RMP Guidance for Warehouse Reference Tables or Equations
- 5.2.f. EPA's RMP Guidance for Chemical Distributors Reference Tables or Equations
- 5.2.g. EPA's RMP*Comp™
- 5.2.z. Other model (specify) (maximum 235 characters)

5.3. Scenario (select one)

- 5.3.a. Vapor cloud explosion
- 5.3.b. Fireball
- 5.3.c. BLEVE
- 5.3.d. Pool fire
- 5.3.e. Jet fire
- 5.3.f. Vapor cloud fire
- 3.4.g. Other (specify) (maximum 30 characters)

5.4. Quantity released (lbs)

5.5 Endpoint used (select one)

- 5.5.a. 1 PSI
- 5.5.b. 5 kw/m² for 40 seconds
- 5.5.c. Lower flammability limit (specify percent volume)

| | |
|-----------------------------------|---|
| 5.6. Distance to endpoint (miles) | 5.7. Estimated residential population within distance to endpoint |
|-----------------------------------|---|

Facility Name: _____

EPA Facility ID# (leave blank for first submission only)

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Section 5. Flammables: Alternative Release

5.8. Public Receptors within distance to endpoint (select all that apply)

| | |
|---|---|
| <input type="checkbox"/> 5.8.a. Schools | <input type="checkbox"/> 5.8.f. Major commercial, office, or industrial areas |
| <input type="checkbox"/> 5.8.b. Residences | <input type="checkbox"/> 5.8.g. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 5.8.c. Hospitals | _____ |
| <input type="checkbox"/> 5.8.d. Prisons/Correctional facilities | _____ |
| <input type="checkbox"/> 5.8.e. Recreation Areas | |

5.9. Environmental receptors within distance to endpoint (select all that apply)

| | |
|---|--|
| <input type="checkbox"/> 5.9.a. National or State Parks, Forests, or Monuments | <input type="checkbox"/> 5.9.d. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 5.9.b. Officially Designated Wildlife Sanctuaries, Preserves, or Refuges | _____ |
| <input type="checkbox"/> 5.9.c. Federal Wilderness Area | _____ |

5.10. Passive mitigation considered (select all that apply)

| | |
|--|---|
| <input type="checkbox"/> 5.10.a. Dikes | <input type="checkbox"/> 5.10.e. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 5.10.b. Fire walls | _____ |
| <input type="checkbox"/> 5.10.c. Blast walls | _____ |
| <input type="checkbox"/> 5.10.d. Enclosures | |

| | |
|---|---|
| 5.11. Active mitigation considered (select all that apply) | <input type="checkbox"/> 5.11.e. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 5.11.a. Sprinkler systems | _____ |
| <input type="checkbox"/> 5.11.b. Deluge systems | _____ |
| <input type="checkbox"/> 5.11.c. Water curtain | |
| <input type="checkbox"/> 5.11.d. Excess flow valve | |

5.12. Graphics file name (optional) (maximum 12 characters)

Facility Name: _____

6

Section 6. Five-Year Accident History

EPA Facility ID# (leave blank for first submission only)

(If you need to report more than one accident history, make a photocopy of pages in this section and report each scenario separately)

Would you like to certify that your facility *did not* have any reportable accidents in the last 5 years?

Yes; leave the rest of this section blank No; fill out this section for each accident

| | |
|--|---|
| <p>6.1. Date of accident (day, month, and year)</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y </p> | <p>6.2. Time accident began (hours and minutes)</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> H H M M <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. </p> |
|--|---|

| | |
|--|---|
| <p>6.3. NAICS code of process involved</p> <p style="text-align: center;"><input type="text"/></p> | <p>6.4. Release duration (hours and minutes)</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> H H H M M </p> |
|--|---|

| 6.5.a.i. Chemical name (maximum 100 characters) | 6.5.a.ii. CAS Number | 6.5.b. Quantity released (lbs.) | 6.5.c. Percent weight of chemical if in a mixture (toxics only) |
|---|----------------------|---------------------------------|---|
| | <input type="text"/> | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | |

6.6. Release event (select at least one)

| | |
|---|---|
| <input type="checkbox"/> a. Gas release | <input type="checkbox"/> d. Explosion |
| <input type="checkbox"/> b. Liquid spills/evaporation | <input type="checkbox"/> e. Uncontrolled/Runaway Reaction |
| <input type="checkbox"/> c. Fire | |

6.7. Release Source (select at least one)

| | |
|--|--|
| <input type="checkbox"/> a. Storage vessel | <input type="checkbox"/> g. Joint |
| <input type="checkbox"/> b. Piping | <input type="checkbox"/> h. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> c. Process vessel | _____ |
| <input type="checkbox"/> d. Transfer hose | _____ |
| <input type="checkbox"/> e. Valve | |
| <input type="checkbox"/> f. Pump | |

Facility Name: _____

6

Section 6. Five-Year Accident History

_____ EPA Facility ID# (leave blank for first submission only)

6.8. Weather conditions at time of event

| | | |
|---|---|---|
| a.i. Wind speed (numerical) _____ . _____ | Wind speed unit <input type="checkbox"/> miles/hr. <input type="checkbox"/> knots <input type="checkbox"/> meters/sec. | a.ii. Wind direction _____ |
| b. Temperature (°F) _____ | c. Atmospheric stability class (A-F) _____ | <input type="checkbox"/> d. Precipitation present |
| <input type="checkbox"/> e. Unknown weather conditions (check if a-d are all unknown) | | |

6.9 On-site Impacts

| | |
|---|---|
| <p>a. Deaths (enter numbers)</p> <p>a.i. Employees or contractors _____</p> <p>a.ii. Public responders _____</p> <p>a.iii. Public _____</p> | <p>b. Injuries (enter numbers)</p> <p>b.i. Employees or contractors _____</p> <p>b.ii. Public responders _____</p> <p>b.iii. Public _____</p> |
| <p>c. Property damage</p> <p style="text-align: center;">\$ _____ , _____ , _____</p> | |

6.10. Known off-site impacts (enter numbers)

| | |
|-----------------------------------|-------------------------------|
| a. Deaths _____ | d. Evacuated _____ |
| b. Hospitalizations _____ | e. Sheltered-in-place _____ |
| c. Other medical treatments _____ | f. Property damage (\$) _____ |

6.10.g. Environmental damage (select all that apply)

g.1. Fish or animal kills

g.2. Tree, lawn, shrub, or crop damage

g.3. Water contamination

g.4. Soil contamination

g.5. Other (specify) (maximum 200 characters)

Facility Name: _____



6

Section 6. Five-Year Accident History

EPA Facility ID# (leave blank for first submission only)

6.11. Initiating event (select one)

| | |
|---|--|
| <input type="checkbox"/> a. Equipment failure | <input type="checkbox"/> c. Natural (weather conditions, earthquake) |
| <input type="checkbox"/> b. Human error | <input type="checkbox"/> d. Unknown |

6.12. Contributing factors (select all that apply)

| | |
|---|--|
| <input type="checkbox"/> a. Equipment failure | <input type="checkbox"/> i. Unsuitable equipment |
| <input type="checkbox"/> b. Human error | <input type="checkbox"/> j. Unusual weather conditions |
| <input type="checkbox"/> c. Improper procedure | <input type="checkbox"/> k. Management error |
| <input type="checkbox"/> d. Over pressurization | <input type="checkbox"/> l. uncontrolled/runaway reaction |
| <input type="checkbox"/> e. Upset condition | <input type="checkbox"/> m. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> f. By-pass condition | _____ |
| <input type="checkbox"/> g. Maintenance activity/inactivity | _____ |
| <input type="checkbox"/> h. Process design failure | |

6.13. Off-site responders notified (select one)

| | |
|--|--|
| <input type="checkbox"/> a. Notified only | <input type="checkbox"/> c. No, not notified |
| <input type="checkbox"/> b. Notified and responded | <input type="checkbox"/> d. Unknown |

6.14. Changes introduced as a result of the accident (select at least one)

| | |
|---|--|
| <input type="checkbox"/> a. Improved/upgraded equipment | <input type="checkbox"/> j. None |
| <input type="checkbox"/> b. Revised maintenance | <input type="checkbox"/> k. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> c. Revised training | _____ |
| <input type="checkbox"/> d. Revised operating procedures | _____ |
| <input type="checkbox"/> e. New process controls | |
| <input type="checkbox"/> f. New mitigation systems | |
| <input type="checkbox"/> g. Revised emergency response plan | |
| <input type="checkbox"/> h. Changed process | |
| <input type="checkbox"/> i. Reduced inventory | |

Facility Name: _____

7

Section 7. Prevention Program: Program 3 EPA Facility ID# (leave blank for first submission only)

(If you need to report more than one prevention program, make a photocopy of pages in this section and report each scenario separately)

Prevention Program description:

7.1. NAICS code for process _____

7.2. Chemical name(s)
(maximum 100 characters)

If you need more space to list chemicals, please make a photo copy of this sheet.

7.3. Date on which the safety information was last reviewed or revised

M M D D Y Y Y Y

7.4. Process Hazards Analysis (PHA)

7.4.a. Date of last PHA or PHA update

M M D D Y Y Y Y

7.4.b. Technique used (select at least one)

7.4.b.1. What if

7.4.b.2. Checklist

7.4.b.3. What if/Checklist combined

7.4.b.4. HAZOP

7.4.b.5. Failure Mode & Effects Analysis

7.4.b.6. Fault Tree Analysis

7.4.b.7. Other (specify) (maximum 200 characters)

Facility Name: _____

7

Section 7. Prevention Program: Program 3 EPA Facility ID# (leave blank for first submission only)

7.4.c. Expected or actual date of completion of all changes resulting from last PHA or PHA update

M M D D Y Y Y Y

7.4.d. Major hazards identified (select at least one)

| | |
|---|--|
| <input type="checkbox"/> 7.4.d.1. Toxic release | <input type="checkbox"/> 7.4.d.10. Equipment failure |
| <input type="checkbox"/> 7.4.d.2. Fire | <input type="checkbox"/> 7.4.d.11. Loss of cooling, heating, electricity, Instrument air |
| <input type="checkbox"/> 7.4.d.3. Explosion | <input type="checkbox"/> 7.4.d.12. Earthquake |
| <input type="checkbox"/> 7.4.d.4. Runaway reaction | <input type="checkbox"/> 7.4.d.13. Floods (flood plain) |
| <input type="checkbox"/> 7.4.d.5. Polymerization | <input type="checkbox"/> 7.4.d.14. Tornado |
| <input type="checkbox"/> 7.4.d.6. Over pressurization | <input type="checkbox"/> 7.4.d.15. Hurricanes |
| <input type="checkbox"/> 7.4.d.7. Corrosion | <input type="checkbox"/> 7.4.d.16. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 7.4.d.8. Overfilling | _____ |
| <input type="checkbox"/> 7.4.d.9. Contamination | _____ |

7.4.e. Process controls in use (select at least one)

| | |
|---|---|
| <input type="checkbox"/> 7.4.e.1. Vents | <input type="checkbox"/> 7.4.e.12. Emergency power |
| <input type="checkbox"/> 7.4.e.2. Relief valves | <input type="checkbox"/> 7.4.e.13. Backup pump |
| <input type="checkbox"/> 7.4.e.3. Check valves | <input type="checkbox"/> 7.4.e.14. Grounding equipment |
| <input type="checkbox"/> 7.4.e.4. Scrubbers | <input type="checkbox"/> 7.4.e.15. Inhibitor addition |
| <input type="checkbox"/> 7.4.e.5. Flares | <input type="checkbox"/> 7.4.e.16. Rupture disks |
| <input type="checkbox"/> 7.4.e.6. Manual shutoffs | <input type="checkbox"/> 7.4.e.17. Excess flow device |
| <input type="checkbox"/> 7.4.e.7. Automatic shutoffs | <input type="checkbox"/> 7.4.e.18. Quench system |
| <input type="checkbox"/> 7.4.e.8. Interlocks | <input type="checkbox"/> 7.4.e.19. Purge system |
| <input type="checkbox"/> 7.4.e.9. Alarms and procedures | <input type="checkbox"/> 7.4.e.20. None |
| <input type="checkbox"/> 7.4.e.10. Keyed bypass | <input type="checkbox"/> 7.4.e.21. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 7.4.e.11. Emergency air supply | _____ |
| | _____ |

7.4.f. Mitigation systems in use (select at least one)

| | |
|--|--|
| <input type="checkbox"/> 7.4.f.1. Sprinkler system | <input type="checkbox"/> 7.4.f.7. Enclosure |
| <input type="checkbox"/> 7.4.f.2. Dikes | <input type="checkbox"/> 7.4.f.8. Neutralization |
| <input type="checkbox"/> 7.4.f.3. Fire walls | <input type="checkbox"/> 7.4.f.9. None |
| <input type="checkbox"/> 7.4.f.4. Blast walls | <input type="checkbox"/> 7.4.f.10. Other (specify)(maximum 200 characters) |
| <input type="checkbox"/> 7.4.f.5. Deluge system | _____ |
| <input type="checkbox"/> 7.4.f.6. Water curtain | _____ |

7.4.g. Monitoring/detection systems in use (select at least one)

| | |
|--|---|
| <input type="checkbox"/> 7.4.g.1. Process area detectors | <input type="checkbox"/> 7.4.g.4. Other (specify)(maximum 200 characters) |
| <input type="checkbox"/> 7.4.g.2. Perimeter monitors | _____ |
| <input type="checkbox"/> 7.4.g.3. None | _____ |

Facility Name: _____

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Section 7. Prevention Program: Program 3 EPA Facility ID# (leave blank for first submission only)

7.4.h. Changes since last PHA update (select at least one)

| | |
|--|---|
| <input type="checkbox"/> 7.4.h.1. Reduction in chemical inventory | <input type="checkbox"/> 7.4.h.8. None recommended |
| <input type="checkbox"/> 7.4.h.2. Increase in chemical inventory | <input type="checkbox"/> 7.4.h.9. None |
| <input type="checkbox"/> 7.4.h.3. Change in process parameters | <input type="checkbox"/> 7.4.h.10. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 7.4.h.4. Installation of process controls | _____ |
| <input type="checkbox"/> 7.4.h.5. Installation of process detection systems | _____ |
| <input type="checkbox"/> 7.4.h.6. Installation of perimeter monitoring systems | _____ |
| <input type="checkbox"/> 7.4.h.7. Installation of mitigation systems | _____ |

7.5. Date of most recent review or revision of operating procedures

____ _ ____ _ ____ _
M M D D Y Y Y Y

7.6. Training

7.6.a. Date of most recent review or revision of operating procedures

____ _ ____ _ ____ _
M M D D Y Y Y Y

7.6.b. Type of training provided (select at one)

7.6.b.1. Classroom

7.6.b.2. On the job

7.6.b.3. Other (specify) (maximum 200 characters) _____

7.6.c. Type of competency testing used (select at least one)

| | |
|---|---|
| <input type="checkbox"/> 7.6.c.1. Written test | <input type="checkbox"/> 7.6.c.4. Observation |
| <input type="checkbox"/> 7.6.c.2. Oral Test | <input type="checkbox"/> 7.6.c.5. Other (specify)(maximum 200 characters) |
| <input type="checkbox"/> 7.6.c.3. Demonstration | _____ |

7.7. Maintenance

7.7.a. Date of most recent review or revision of maintenance procedures

____ _ ____ _ ____ _
M M D D Y Y Y Y

7.7.b. Date of most recent equipment inspection or test

____ _ ____ _ ____ _
M M D D Y Y Y Y

7.7.c. Equipment most recently inspected or tested (list equipment) (maximum 200 characters)

Facility Name: _____

7

Section 7. Prevention Program: Program 3 EPA Facility ID# (leave blank for first submission only)

7.8 Management of Change

| | | | | | |
|--|------|------|---------|------|------|
| 7.8.a. Date of most recent changes that triggered management of change procedures. | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y Y Y | | |
| 7.8.b. Date of most recent changes that triggered management of change procedures. | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y Y Y | | |
| 7.9. Date of most recent pre-startup review | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y Y Y | | |

7.10. Compliance audits

| | | | | | |
|--|------|------|---------|------|------|
| 7.10.a. Date of most recent compliant audit | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y Y Y | | |
| 7.10.b. Expected or actual date of completion of all changes resulting from the compliance audit | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y Y Y | | |

7.11. Incident investigation

| | | | | | |
|--|------|------|---------|------|------|
| 7.11.a. Date of most recent incident investigation (if any) | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y Y Y | | |
| 7.11.b. Expected or actual date of completion of all changes resulting from the incident investigation | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y Y Y | | |

| | | | | | |
|--|------|------|---------|------|------|
| 7.12. Date of most recent review or revision of employee participation plans | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y Y Y | | |

| | | | | | |
|--|------|------|---------|------|------|
| 7.13. Date of most recent review or revision of hot work permit procedures | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y Y Y | | |

| | | | | | |
|--|------|------|---------|------|------|
| 7.14. Date of most recent review or revision of contractor safety procedures | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y Y Y | | |

| | | | | | |
|---|------|------|---------|------|------|
| 7.15. Date of most recent review or revision of contractor safety performance | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y Y Y | | |

Facility Name: _____

8

Section 8. Prevention Program: Program 2 EPA Facility ID# (leave blank for first submission only)

(If you need to report more than one prevention program, make a photocopy of pages in this section and report each scenario separately)

Prevention Program description:

8.1. NAICS code for process _____

8.2. Chemical name(s)
(maximum 100 characters)

If you need more space to list chemicals, please make a photo copy of this sheet.

8.3 Safety Information

8.3. Date of most recent review or revision of safety information _____
M M D D Y Y Y Y

8.3.b. Federal/state regulations or industry-specific design codes and standards used to demonstrate compliance with safety information requirement (select at least one)

8.3.b.1. NFPA 58 (or state law based on NFPA 58) 8.3.b.7. Other (specify) (maximum 200 characters)

8.3.b.2. OSHA (29 CFR 1910.111) _____

8.3.b.3. ASTM Standards _____

8.3.b.4. ANSI Standards _____

8.3.b.5. ANSME Standards _____

8.3.b.6. None _____

8.3.b.8. Comments (100 characters)

Facility Name: _____

8

Section 8. Prevention Program: Program 2

EPA Facility ID# (leave blank for first submission only)

8.4. Hazard review

| | | | | | | | | |
|--|------|------|------|------|---|---|---|---|
| 8.4.a. Date of completion of most recent hazard review or update | ____ | ____ | ____ | ____ | | | | |
| | M | M | D | D | Y | Y | Y | Y |
| 8.4.b. Expected or actual date of completion of all changes resulting from the hazard review | ____ | ____ | ____ | ____ | | | | |
| | M | M | D | D | Y | Y | Y | Y |

8.4.c. Major hazards identified (select at least one)

| | |
|---|--|
| <input type="checkbox"/> 8.4.c.1. Toxic release | <input type="checkbox"/> 8.4.c.11. Loss of cooling, heating, electricity, instrument air |
| <input type="checkbox"/> 8.4.c.2. Fire | <input type="checkbox"/> 8.4.c.12. Earthquake |
| <input type="checkbox"/> 8.4.c.3. Explosion | <input type="checkbox"/> 8.4.c.13. Floods (flood pain) |
| <input type="checkbox"/> 8.4.c.4. Runaway reaction | <input type="checkbox"/> 8.4.c.14. Tornado |
| <input type="checkbox"/> 8.4.c.5. Polymerization | <input type="checkbox"/> 8.4.c.15. Hurricanes |
| <input type="checkbox"/> 8.4.c.6. Over pressurization | <input type="checkbox"/> 8.4.c.16. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 8.4.c.7. Corrosion | _____ |
| <input type="checkbox"/> 8.4.c.8. Overfilling | _____ |
| <input type="checkbox"/> 8.4.c.9. Contamination | |
| <input type="checkbox"/> 8.4.c.10. Equipment failure | |

8.4.d. Process controls in use (select at least one)

| | |
|---|---|
| <input type="checkbox"/> 8.4.d.1. Vents | <input type="checkbox"/> 8.4.d.13. Backup pump |
| <input type="checkbox"/> 8.4.d.2. Relief valves | <input type="checkbox"/> 8.4.d.14. Grounding equipment |
| <input type="checkbox"/> 8.4.d.3. Check valves | <input type="checkbox"/> 8.4.d.15. Inhibitor addition |
| <input type="checkbox"/> 8.4.d.4. Scrubbers | <input type="checkbox"/> 8.4.d.16. Rupture disks |
| <input type="checkbox"/> 8.4.d.5. Flares | <input type="checkbox"/> 8.4.d.17. Excess flow device |
| <input type="checkbox"/> 8.4.d.6. Manual shutoffs | <input type="checkbox"/> 8.4.d.18. Quench system |
| <input type="checkbox"/> 8.4.d.7. Automatic shutoffs | <input type="checkbox"/> 8.4.d.19. Purge system |
| <input type="checkbox"/> 8.4.d.8. Interlocks | <input type="checkbox"/> 8.4.d.20. None |
| <input type="checkbox"/> 8.4.d.9. Alarms and procedures | <input type="checkbox"/> 8.4.d.21. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 8.4.d.10. Keyed bypass | _____ |
| <input type="checkbox"/> 8.4.d.11. Emergency air supply | _____ |
| <input type="checkbox"/> 8.4.d.12. Emergency power | |

Facility Name: _____

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8

Section 8. Prevention Program: Program 2

8.4.e. Mitigation systems in use (select at least one)

| | |
|--|--|
| <input type="checkbox"/> 8.4.e.1. Sprinkler system | <input type="checkbox"/> 8.4.e.8. Neutralization |
| <input type="checkbox"/> 8.4.e.2. Dikes | <input type="checkbox"/> 8.4.e.9. None |
| <input type="checkbox"/> 8.4.e.3. Fire walls | <input type="checkbox"/> 8.4.e.10. Other (specify)(maximum 200 characters) |
| <input type="checkbox"/> 8.4.e.4. Blast walls | _____ |
| <input type="checkbox"/> 8.4.e.5. Deluge system | _____ |
| <input type="checkbox"/> 8.4.e.6. Water curtain | |
| <input type="checkbox"/> 8.4.e.7. Enclosure | |

8.4.f. Monitoring/detection systems in use (select at least one)

| | |
|--|---|
| <input type="checkbox"/> 8.4.f.1. Process area detectors | <input type="checkbox"/> 8.4.f.4. Other (specify)(maximum 200 characters) |
| <input type="checkbox"/> 8.4.f.2. Perimeter monitors | _____ |
| <input type="checkbox"/> 8.4.f.3. None | _____ |

8.4.g. Changes since last hazard review or hazard review update (select at least one)

| | |
|--|---|
| <input type="checkbox"/> 8.4.g.1. Reduction in chemical inventory | <input type="checkbox"/> 8.4.g.8. None recommended |
| <input type="checkbox"/> 8.4.g.2. Increase in chemical inventory | <input type="checkbox"/> 8.4.g.9. None |
| <input type="checkbox"/> 8.4.g.3. Change in process parameters | <input type="checkbox"/> 8.4.g.10. Other (specify) (maximum 200 characters) |
| <input type="checkbox"/> 8.4.g.4. Installation of process controls | _____ |
| <input type="checkbox"/> 8.4.g.5. Installation of process detection systems | _____ |
| <input type="checkbox"/> 8.4.g.6. Installation of perimeter monitoring systems | |
| <input type="checkbox"/> 8.4.g.7. Installation of mitigation systems | |

8.5. Date of most recent review or revision of safety information

 M M D D Y Y Y Y

8.6. Training

8.6.a. Date of most recent review or revision of training programs

 M M D D Y Y Y Y

8.6.b. Type of training provided (select at one)

| |
|--|
| <input type="checkbox"/> 8.6.b.1. Classroom |
| <input type="checkbox"/> 8.6.b.2. On the job |
| <input type="checkbox"/> 8.6.b.3. Other (specify) (maximum 200 characters) _____ |

Facility Name: _____

EPA Facility ID# (leave blank for first submission only)

8

Section 8. Prevention Program: Program 2

| | |
|--|---|
| 8.6.c. Type of competency testing used (select at least one) | <input type="checkbox"/> 8.6.c.5. Other (specify)(maximum 200 characters) |
| <input type="checkbox"/> 8.6.c.1. Written test | _____ |
| <input type="checkbox"/> 8.6.c.2. Oral Test | _____ |
| <input type="checkbox"/> 8.6.c.3. Demonstration | |
| <input type="checkbox"/> 8.6.c.4. Observation | |

8.7. Maintenance

| | | | | | |
|--|------|------|------|------|------|
| 8.7.a. Date of most recent review or revision of maintenance procedures | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y | Y Y | |
| 8.7.b. Date of most recent equipment inspection or test | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y | Y Y | |
| 8.7.c. Equipment most recently inspected or tested (list equipment) (maximum 200 characters) | | | | | |

8.8. Compliance audits

| | | | | | |
|---|------|------|------|------|------|
| 8.8.a. Date of most recent compliant audit | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y | Y Y | |
| 8.8.b. Expected or actual date of completion of all changes resulting from the compliance audit | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y | Y Y | |

8.9. Incident investigation

| | | | | | |
|---|------|------|------|------|------|
| 8.9.a. Date of most recent incident investigation (if any) | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y | Y Y | |
| 8.9.b. Expected or actual date of completion of all changes resulting from the incident investigation | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y | Y Y | |

| | | | | | |
|---|------|------|------|------|------|
| 8.10. Date of most recent change that triggered a review or a revision of safety information, the hazard review, operating or maintenance procedures, or training | ____ | ____ | ____ | ____ | ____ |
| | M M | D D | Y Y | Y Y | |

Facility Name: _____



EPA Facility ID# (leave blank for first submission only)

9

Section 9. Emergency Response

9.1 Written emergency response (ER) plan

9.1.a. Is your facility included in the written community emergency response plan?

9.1.b. Does your facility have its own written emergency response plan?

9.2. Does your facility's ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?

9.3. Does your facility's ER plan include procedures for informing the public and local agencies responding to accidental releases?

9.4. Does your facility's ER plan include information on emergency health care?

9.5. Date of most recent review or update of your facility's ER plan
M M D D Y Y Y Y

9.6. Date of most recent ER training for your facility's employees
M M D D Y Y Y Y

9.7. Local agency with which your facility's ER plan or response activities are coordinated

9.7.a. Name of agency (maximum 35 characters)

9.7.b. Phone number () - -

9.8. Subject to (select all that apply)
 9.8.a. OSHA Regulations at 29 CFR 1910.38
 9.8.b. OSHA Regulations at 29 CFR 1910.120
 9.8.c. Clean Water Act Regulations at 40 CFR 112
 9.8.d. RCRA Regulations at 40 CFR 264, 265, 279.52
 9.8.e. OPA-90 Regulations at 40 CFR 112, 33 CFR 154, 49 CFR 194, 30 CFR 254
 9.8.f. State EPCRA Rules or Laws
 9.8.g. Other (specify)(maximum 200 characters)